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CLINICAL MEDICINE.

LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

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LECTURE VII.

PHTHISIS, WITH HÆMOPTYSIS.

GENTLEMEN,—Among the cases which have been admitted since my last lecture is one of phthisis, accompanied with hæmoptysis, and affording a demonstration of the correctness of the opinion, that hæmoptysisis is as often the consequence as the cause of phthisis, or tubercles in the lungs. In general, however, it happens in the early stage of the disease, when little more than congestion exists. In the instance of the patient to which I refer, the hæmoptysis is not the harbinger of the tubercles, for they have not only preceded it, but a vomica exists in one lung, and the probability is, that the ulceration has laid bare some vessel, which, taking on the inflammatory condition, has admitted of the extravasation of blood. In this state of the case, the blood generally forms a coagulum in the cavity of the lung, in a manner similar to that which occurs in cerebral apoplexy, and for a short time aids in checking the hemorrhage. There is, probably, in this case, an actual lesion of the vessel; a circumstance, in some measure, confirmed by the history of the attack. The name of the patient is Hugh Hannay; his age is twenty-nine, and his employment is that of an assistant in the shop of a linen-draper. He was admitted into the hospital on the 10th, and stated that he had been labouring under the effects of a severe cough, which first displayed itself ten months ago; and that, on the 29th of December last, whilst he was coughing violently, he felt as if something had given way in the chest, and a large quantity of blood was immediately discharged from the lungs. The flow stopped, however, in twenty minutes, after he had lost about a pint of fluid blood, but the sputa has ever since contained blood. His general health, besides the cough, had been previously much deranged; he had pain of the side, and great lassitude and languor. Now when the cause of the hemorrhage is such as I suspect it to be in this instance, its accession is sudden, and the quantity lost is great, often even sufficient to extinguish life. Our patient is justly alarmed; he speaks almost in a whisper, and having been cautioned as to the movements of the body, he has remained nearly in the same position in which he was placed (semi-erect) three days ago. On examining the chest, percussion detected a dull sound, especially in the clavicular region of the left side, whilst, on the opposite side, the stethoscope afforded to the ear a decided metallic tinkling, indicating the existence of a large tuberculous excavation, from which I am of opinion the blood had flowed; and when the patient spoke there was evident pectoriloquy, but owing to the feebleness of the voice it was not perfect. The pulse was 130, and the cough constant and teasing. Under the existence of these symptoms, my object was to lessen, as rapidly as possible, the arterial action, and to allay the cough. These indications I expected to fulfil by the administration of a pill containing gr. ij of the acetate of lead, to be washed down by three tablespoonfuls of a mixture, consisting of f.ʒj of distilled vinegar, f.ʒiss of solution of muriate of morphia, and f.ʒviij of water, to be taken every fourth hour. To those who are acquainted with my opinions respecting the influence of the salts of lead on the habit, it is scarcely necessary to say, that the acetic acid was intended to prevent that transformation of the acetate of lead into the carbonate, which I regard as the source of any deleterious influence which the salts of lead are capable of exerting on the system. On the 12th every

appearance of blood in the sputa had ceased; the pulse was soft and reduced to 90, and the poor man expressed himself as being altogether much relieved. No griping, nor any uneasy state of the bowels, had resulted from the use of the pills, although he had taken gr. xxviij of the acetate in two days. The pills were, however, now discontinued, and he was directed to take three tablespoonfuls of the following mixture:—R *Acidi Sulphurici Diluti* f.3ij; *Rosæ Petallorum Infusi* f.3vijss; *Papaveris Albi Syrupi* f.3iv. M.

In this condition the patient remains; and I am anxious to direct your attention to the case, not from any hope of benefit, even of a transitory nature, being derived from the treatment; but to satisfy yourselves, Gentlemen, on the accuracy of the diagnosis which I have hazarded, should an opportunity (which will, I fear, occur too soon) be afforded to us of examining the body.

PHTHISIS.

In my last lecture I mentioned to you the admission of a third member of the Jarvis family with confirmed phthisis, and that I had ordered him to be cupped to the amount of 3viij between the shoulders. This relieved the hoarseness, and the tightness across the chest. He has been twice cupped since, and has been taking tartar emetic in grain doses, but with little satisfactory benefit. The complexion in all the Jarvises, the state of the pulse, and the muscular energy, indicate a weak and delicate frame of body; and, reflecting upon this, coupled with the suspension of the disease in his brother by maintaining the tone of the system, I am desirous of varying the usual plan of management in this case; and I bring it again under your notice, rather to state what I mean to do, than to raise your expectation of good being effected by any plan of treatment in such a disease, in such a habit. I wish to ascertain the effect of unloading the vessels, by repeatedly cupping between the shoulders, and, at the same time, to support tone, whilst an endeavour is made to excite an improved action in the general capillary system. With these indications in view, I mean, besides repeated cuppings, to give my patient the hydriodate of iron in full doses, in combination with extract of conium; to sponge the trunk of the body with tepid salt and water every morning before he rises, and to allow him the full diet of the house. As the case proceeds, I shall point out to you how far the symptoms authorize the continuance, or demand the rejection, of this plan of treatment.

DROPSICAL EFFUSION AND DISEASE OF THE LUNGS.

In the case of Ellen Lucas, a servant girl, twenty years of age, admitted on the 12th instant, we have an illustration of dropsical effusion connected with disease of the lungs. This patient states, that although she has not menstruated for five months, yet that she enjoyed tolerable health until two months since, when she caught cold, and became affected with cough, and tightness across the chest, for which she was twice bled, and was blistered and took medicines. The cough never left her; and a few days before her admission into the hospital it greatly increased in violence, and she became anasarcous, both in the lower and superior extremities. The face is now puffy and pallid, and has a pasty aspect. There is slight tenderness on pressure over the epigastrium; the tongue is clean, and the pulse is 100, and sharp; the bowels are regular; the urine is scanty and high-coloured. The oppression of the breathing is considerable.

In cases such as the one that is before us, the œdema comes on suddenly, appearing often first in the face, which feels stiff, and swells under the eyelids, and then slightly in the hands, after which the ankles also swell. The extent of the effusion, and, consequently, the prognosis, depends much upon the acute or chronic character of the pulmonary affection. In our patient it appears to be bronchitis of a chronic kind. The tenderness over the epigastrium, and the general sore sensation caused on pressing the œdematous parts, confirmed me in my general opinion of the propriety of the use of the lancet in such cases, and I therefore ordered 3viij of blood, *pleno rivo*, to be immediately abstracted, and to be followed by a five-grain calomel pill and a black dose on the following morning. To-day (14th) the œdema has nearly disappeared, the breathing is less embarrassed, and her cough is looser and less frequent.

HYDROTHORAX.—*Employment of Digitalis.*

Another case of dropsical effusion, but possessing more interest than the last, because of more frequent occurrence, is one of hydrothorax in the person of Ann Moxy, aged 57, who was admitted on the 23rd of last month. She is a laundress, a married woman, and has had children. At her admission, she complained of palpitation of the heart, which was excited violently by the least exertion, and very powerfully affected her breathing. She could not lie down in bed without experiencing a sensation of suffocation. On

percussion of the chest, on the anterior portion a dull sound was elicited, and this was the case also on the back, except over the upper part of the scapula. The stethoscope displayed indistinct respiratory action, except at the upper part of the spine. The heart beat violently, with occasional intermissions. There was no distinct œgophony. The pulse necessarily, also, intermitted, it was 80; the tongue was slightly furred; and she complained of her mouth, which was evidently affected with some mercurial preparation which she had taken before entering the hospital. She said her appetite was bad, indeed she had no desire for food, but was very eager for fluids. The skin was cool; the urine scanty and high-coloured. She always feels cold, and has frequent rigors. She complains of a dimness of sight; and her countenance is expressive of much anxiety and distress.

She attributes her present complaint to a strain in lifting a heavy weight; for since that time she has always had palpitation of the heart, and it has gradually increased to the present time. She had a previous attack of dropsy about twelve months ago, which appears to have been anasarca, as she says that the water oozed from cracks in the skin. She took medicines for it, and got well; but ever since the legs have occasionally swelled, and at the time of her admission the ankles were œdematous.

Reflecting on the leading symptoms in this case, namely, the general oppression in the chest, and the labouring of the breathings caused by the slightest exercise, with the dyspnœa, induced by the recumbent position of the body; the livid, bloated appearance of the countenance; the scanty and high-coloured urine; the irregularity of the pulse; the palpitations and the swelled extremities. There was no difficulty in the diagnosis, it was one evidently of serous effusion into the serous cavity of the chest, or *hydrothorax*. It had, evidently, not proceeded to such a length as would preclude the expectation of relief from medicines, neither was the patient of that age which would lead to the supposition that it was the termination of any chronic complaint of long continuance, nor did the history of the case authorize such an idea. The patient could still lie in a moderately inclined position; and, although on awaking from the short sleeps which she enjoyed, she was forced to sit up to relieve the sensation of suffocation that the decumbiture produced, yet the constrictive spasm of the chest was almost immediately resolved on gaining the erect position. The bowels were confined, and therefore, after opening them with six grains of calomel and a black dose, my next object was to stimulate the torpid capillaries to renewed action, in order to permit the already effused fluid to be removed by the ordinary action of the absorbents. The following pill was then ordered to be taken every eighth hour:—

℞ *Digitalis Foliorum Pulveris, Calomelanos*, aa gr. j. *Mucilaginis Acacie* q. s. ut fiat pilula; and on the following day (December 24th), a large blister was applied over the region of the heart. From the opinion which you have heard me express, Gentlemen, respecting almost all dropsical effusions, you may properly demand why I did not bleed in this instance, especially as the palpitations seemed to require that the heart should be relieved from the congestion under which it evidently laboured. There can be no doubt that venesection is, in many cases, serviceable in the early stage of hydrothorax; but, in such cases, the serous effusion is the consequence of the congested state of the lungs, obstructing the pulmonary circulation and oppressing the heart. In the instance before us the embarrassment of the breathing, and the labouring and irregular action of the heart, were evidently the result of the pressure upon the lungs from the fluid effused in the serous cavity. No inflammatory action, neither acute nor chronic, was now present, whatever might have previously existed, and, therefore, I saw no indication which the lancet could relieve. As far as the ear could ascertain, there did not appear to be much fluid, if any more than natural, in the pericardium; for the impulse of the organ was not felt at any great distance from the cardiac region, which is always more or less the case when the heart floats as it were in the serous contents of the distended sac. There was, however, a little of that recurrence of the impulse with the second sound, which indicates hypertrophy with dilatation; but even this was not very distinct. There was evidence enough of the presence of fluid in the serous cavity, independent of the ordinary symptoms, by the œgophony conveyed through the stethoscope. To those who are unaccustomed to the use of this instrument, I would remark, that in the investigation of the chest to detect this peculiar sound of the voice on auscultation, the instrument must be applied firmly upon the thorax of the patient, and the ear of the observer laid, very lightly only, on the opposite end. It is one of those applications of this useful instrument in which nicety of tact in using it is more requisite than in any other. The stethoscope should be held between the finger and the thumb

near its base, in such a manner, that whilst the instrument is steadily maintained in its position, the closeness of its application may be rendered evident by the edge of the fingers that support it feeling the skin of the patient on each side. It must also be kept in recollection that œgophony does not exist when the quantity of fluid is very great; but when this abundance is certain from the other symptoms, the return of œgophony enables us to give a more favourable prognosis, as it points out the fact that absorption has been proceeding, and has reduced the fluid to a moderate quantity. It is supposed that the cause of this peculiar sound is the condensation of the substance of the lungs by the pressure of the effused fluid enabling it to conduct the bronchial resonance; and that this, passing through the fluid, causes the modification of the resonance which constitutes œgophony.

Under the treatment just described, our patient continued daily to amend. On the 27th the report is, "She is much better in every respect; she breathes more easily, and lies down with less uneasiness and embarrassment of the chest. Respiration is distinct and natural, and the voice is normal over the whole of the upper part of the chest, the œgophony being confined to the lower portion. The tongue is clean; the bowels are regular; and the urine is excreted in greater quantity and is less high-coloured." On the 29th, as this improvement was still more obvious, and as the gums were considerably affected by the calomel, and the state of the pulse indicated the accumulation of the foxglove in the habit, she was ordered to take a pill every tenth hour only, and on the second of January the intervals were lengthened to twelve hours. By this mode of proceeding, namely, lengthening the intervals between the doses of the pills, the danger likely to result from accumulation is averted, whilst, at the same time, the influence of the foxglove is maintained; in some instances the intervals may be extended to forty-eight hours, without affecting the energy of the medicine. On the eighth the improvement was so striking in every respect, and the digitalis having caused vertigo, that she was desired to discontinue all medicines, and was allowed full diet.

Now, Gentlemen, in taking a retrospect of this case, much matter for instruction presents itself. In the history of the attack we can make out nothing which would authorize us to speculate upon the causes of the disease; and, indeed, although it is evident that the original condition of the serous membrane must be inflammatory, or affected in some degree approaching to inflammation before that obstruction in the capillaries to which we must ascribe the effusion of the fluid can take place, yet the causes of hydrothorax are still obscure, and a correct view of the origin of the disease is, in the main, a desideratum. When it occurs, as it often does, as the termination of long-continued disease of the thorax—namely, of asthma, in worn-down habits, we can understand the condition of the vessels that are in fault; but in what is termed "idiopathic hydrothorax," in the middle age of life, the causes are always obscure.

In the treatment of this disease, it has been the object of practitioners to augment the action of the absorbents, under the supposition that they share in the general debility of the habit; and, on the same principle, you will find that digitalis is regarded as a doubtful remedy. Its debilitating influence is dreaded; and we are told, that however cautiously it is administered, it sinks the pulse, and diminishes too powerfully the vital energy to be employed with safety in a disease in which debility is the most characteristic feature. Now my opinion and experience are both at variance with this view of the disease, and of the action of digitalis, which I regard as our sheet-anchor in this species of dropsy.

With respect to the effusion in the serous sac, whatever may be its primary cause, I am of opinion that it depends on the state of the exhalant vessels, not on that of the absorbents. The capillaries became congested, obstructed, and incapable of carrying forward the fluid which they contain; the exhalation, therefore, or, rather, the transpiration in this condition of their coats, greatly exceeds that of the normal state of the capillaries in such membranes; and a much larger quantity of fluid is thrown out than can be taken up by the ordinary action of the absorbents, which, in my opinion, remain unaffected. Diminish therefore this congested and torpid state of the capillaries, by stimulating them to renewed action; and as you thus enable them to carry forward their contents, you prevent the effusion of more fluid, and give opportunity for the absorbents, by the extrardinary action which they exert, and without any renewed energy, gradually to carry off the superabundant fluid. But a question may here arise, How can foxglove, which is a sedative, fulfil this intention? My answer is—digitalis is not a direct sedative, and displays sedative properties only when it accumulates in the system, in the same manner as the secondary effect of all stimulants is one of collapse. In proof of

this opinion, I may refer to the effects of experiments with digitalis on the human system in a condition of health, and also the circumstances connected with its therapeutical employment. The experiments to which I allude were made by M. JORGE and others at Leipsic. The drug was administered in powder in doses of a quarter of a grain, augmented to three grains. Its influence was first obviously exerted on the brain, the alimentary canal, and the genito-urinary organs. On the former, in the full dose, the excitement resembled that of intoxication, accompanied with flushings of the face; whilst, on the alimentary canal, it produced a sensation of heat in the œsophagus, colic, and purging. It stimulated, in a remarkable manner, the generative organs, causing erections and seminal discharges, and in females developed phenomena closely resembling those that precede the appearance of the menses. This last effect I have frequently observed, and for many years past I have been in the habit of prescribing foxglove, combined with calomel, in amenorrhœa, for two or three successive nights before the time at which the change should take place, with the most decided benefit. The same experimentalists found that the secondary influence of foxglove is exerted in diminishing sensibly the force and frequency of the pulse, but that this effect never occurs unless as the sequel of the previous excitement. Now, with respect to its influence in disease, every one, who has had much experience of its power in dropsical cases, must have observed that no diuretic effect follows its administration, so long as any morbid tension of the vascular system exists. It is only after ample depletion, or at least such as greatly reduces the frequency and force of the pulse, that it augments the urinary discharge. It is after tapping in ascites, and a reduction of arterial action, that decisive advantages are obtained from foxglove. Were any other proofs requisite, they might be obtained from the observations of the poisonous effects of digitalis, and the post-mortem examination of the brain and stomach. The former is usually found much injected, whilst the coats of the stomach are red, and exhibit evident traces of inflammatory action. It is on these observations, Gentlemen, supported as they are both by my own experience and that of others, that I rely upon the action of foxglove in hydrothorax, always contemplating a relaxed condition of habit as that best calculated to forward the remedial influence of the remedy.

For the satisfaction of those acquainted with the excellent treatise of Dr. BLACKHALL on dropsy, I think that the facts I have mentioned will explain my reasons for combining calomel and digitalis, a combination which that excellent physician regards as inconsistent and inadmissible:—"Where the urine," he observes, "is coagulable, and digitalis agrees, both calomel and squill are injurious. On the contrary, where the urine is foul and not coagulable, and squill and calomel render service, I have on that very account made less trial of it, and cannot therefore speak of it from experience." I can speak of it from experience; it is in such cases that I have found it most useful; and by combining it with calomel, its excitant influence on the capillaries, and thence its diuretic powers, are materially augmented.

In concluding my remarks, Gentlemen, on this case, I must say, that although all the fluid is removed from the thorax, yet it is evident that some diseased action remains in the region of the heart, to relieve which I have ordered a seton to be introduced between the ribs. Notwithstanding, however, the influence of this counter-irritant, I will not venture to affirm that the hydrothorax may not return. In the result of this case, however, I feel much gratified with the opportunity which the hospital affords me of verifying the doctrines that I teach in my lectures on materia medica, at the bedside of the patient.

CLINICAL SURGERY.

LECTURES

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

ROBERT LISTON, Esq.,

Surgeon to the Hospital, and Professor of Clinical Surgery in the University of London.

LECTURE IV.

ULCERATIONS AND WARTY EXCRESCENCES OF THE LIPS.

GENTLEMEN, — The little operation which you saw performed here last Saturday, was accomplished, as I remarked, by very few and simple instruments.* A narrow sharp-pointed bistoury—sewing needles of a tolerably large size, with heads formed of sealing-wax, thick stay silk—waxed—and a pair of common cutting pliers, completed the apparatus. Here is a variety of forceps which I promised to show to you, straight and crooked; some

* See LANCET, last Number, page 597.

of them opening with parallel blades, others with one blade broader than the other and that one covered with wood,—all intended as *substitutes*,—and bad ones—for the fingers, for holding the part, or dividing it upon. Here also are the old clumsy needles, and the instrument for forcing them through the edges of the wound.

As regards the disease, you will find it stated in the case-book that it has been of some standing, and is attributed to the use of a short tobacco-pipe; the prolabium, no doubt, had been blistered, and abraded repeatedly, and at last the surface had become hard and warty. Had the hardness been limited to the membrane, as a protection against fresh injury, all would have been well and good, but ulceration, with thin discharge, had been set up, and the induration was beginning to extend into the substance of the lip. Ulcerations of these parts, and of the tongue, are met with frequently, arising from causes of various kinds,—disordered stomach, acrid applications, friction upon portions of tartar, or upon sharp projecting portions of the teeth, worn down or decayed. Such ulcerations may often be got the better of by the simple measure of removing their cause, and restraining the motion of the parts for a very short time. Some soothing or stimulating remedy, such as the aspect of the sore may indicate, will perhaps accelerate the desired result. Ulcerated surfaces long exposed, and acted upon by irritants in other parts of the body, are subject to degeneration, and peculiarly so in this situation, which neither their delicacy of texture, their great mobility, nor their sympathy with other parts, will fully account for. Sir E. Home mentions a case in which, if my recollection serves me, a breach of surface on the lower extremity took on a malignant action.

There could be no doubt as to the propriety of removing the diseased part in this case, and, fortunately, its extent was such as to admit of this being done so as to leave no deformity. When more than half of the prolabium requires to be removed in a person whose molares still hold their places, it is impossible to proceed in the operation with the view of bringing the cut surfaces into contact. The mouth would, if union took place, be deformed, and nearly closed. Then, also, it is necessary to remove the diseased part freely—the most essential part of the proceeding—leaving it to nature to remedy the deformity as she best can; and those who trust to nature in this and many other cases, have little reason to complain of any backwardness on her part. We shall, no doubt, ere long, have an opportunity of showing you how in this matter she may be somewhat assisted in her operations.

The propriety of early interference in diseases of this nature cannot be too often or too strongly inculcated. Though, in many instances, the lymphatic system is slow in taking on disease, yet occasionally, and not unfrequently, the *disposition* to malignant action is early implanted in it. I should be afraid to say how very many cases of glandular swelling under the jaw I have witnessed, followed by fearful ulceration, and hurrying the patient to the grave, developed three, four, or even five years after the excision of ulcers of the same character as the one removed from this patient. The chance of such an unfortunate event is greatly diminished by early operation, and by very free excision of parts beyond the limit of the morbid structure. Here are specimens of warty excrescence of the lip, and of more extensive ulcer, with everted edges, deep fissures, and other characteristics of the disease, and in this last stage contamination of the lymphatics is much more likely to happen. No man of education or experience in the profession now entertains the notion of destroying such warty excrescences by escharotics. I do not, mark me, couple age and experience together; they sometimes, but by no means always, go together. I would have you to understand an experienced man to be one who has accumulated a great number of facts, and arranged them in proper order. Some I have met with who have lived long, who may live longer, even to the age which the patriarchs of old attained, without gaining experience or knowledge, and who would lead those who trusted in them into all sort of scrapes, in their fondness for bloody operations.

I may take credit to myself for having now and then prevented unnecessary steps of the kind. I can well recollect a scene, when by such bad advice an abscess in the neck would have been dissected out; I have known a malignant growth, of the nature above spoken of, cut out, with a portion of the jaw-bone involved in it, and I have seen others where such an abominable and unjustifiable measure was contemplated,—the scar of the incision on the lip, and the form of the mouth, speaking plainly enough the nature of the case, even if the history had been wanting. Escharotics are sometimes made use of by irregular practitioners, and a pretty mess they make with them. Generally the disease is aggravated,—hurried on. I saw one case in which a cure was accomplished. The wart was eradicated, but with it the whole lip. The patient sub-

mitted to the inconvenience for some years. He received his saliva, which flowed in abundance into a sort of funnel made of leather, and corked up at the apex. I improved his condition, and won the funnel, which I now show you, by turning up a capital lip, beard and all, for him, from the integuments under the chin. I have described the modes of operating for cancerous lip in its various stages, in a book which I published a year or two ago, entitled "Elements of Surgery," and intended to exhibit to gentlemen such as you, and to young practitioners, surgery as *it is*. I have altered my plan of operation a little, as I found that sometimes the second incision was not so smooth as it might be if the proceeding recommended in the book was pursued. This may have been attributable as much to inattention on the part of the assistant, as to any fault in the operator or the operative procedure,—as here described:—"The part cut away resembles the letter V, the angle being towards the chin; this form of incision is preferable, on account of the diseased portion being chiefly in the prolabium, and the parts afterwards coming together very neatly and readily. The lip is stretched by the operator and his assistant. Laying hold of the prolabium on each side of the portion destined to be taken away, a narrow straight bistoury is passed through the lip at the angle of this form of incision, and the operator, standing in front of the patient, makes the first incision towards himself, by bringing the knife up to the prolabium. He then takes hold of the part to be removed, and laying the edge of the knife on the prolabium, at the other side of the induration, cuts down to the point where the instrument originally entered. The incisions must always be made far from the indurated parts." I would have you enter the knife a few lines from the point of the first puncture. Make the second incision, also, towards the free margin of the lip. The incisions are much more smooth, and more cleverly executed, thus, than by cutting from without inwards, whether with a scalpel or scissors, knife-edged such as these, or of this form. The cutting from without requires considerable pressure; this is attended with bruising, to a certain degree, and certainly with more pain. It is, besides, much more tedious, and the parts are put in a less favourable state for immediate union. Care must be taken, in whatever way it is done, that both limbs of the incision are alike long, otherwise they do not come together smoothly, without puckering. Now no dressings or applications are necessary beyond the sutura circumvoluta, as you saw it applied. In dressing wounds in other regions, you will be shown the advantage of not applying the permanent retentive dressings for some hours, till the oozing of blood has entirely ceased, and the wound is glazed. In this part of the body it is very necessary to take such measures as will ensure, with certainty, immediate union, and as slight a scar as possible. The plasters which answer well in other parts, could not be trusted here, notwithstanding what has been advanced in the Memoirs of the French Academy, and elsewhere. No doubt the union would take place as quickly, if not more so, if in this situation the edges of the wound were also allowed to become glazed. But there is no necessity for having recourse to this precaution, as, by means of the twisted suture, well applied, we have it in our power to place in the most perfect contact the divided surfaces, and to prevent the interposition of any matter foreign to the wound, in which light the blood out of the vessels is to be regarded. I should say that the suture is well applied when the prolabium is brought quite in a line, when the slightest oozing does not appear, and when there is no irregularity of the edges, and no gaping. This is to be effected by passing one pin close to the free margin of the lip. That, and as many more as may be required, one, two, or three, must be made to penetrate through more than two-thirds of the thickness of the lip, nearly to the lining membrane of the mouth. The pins I have recommended, pass easily through the parts; their points are clipped off readily with the plyers; they leave no mark if removed early, as ought to be the case,—at the end of forty-eight hours,—at which period union will have taken place if it be to take place at all. No dressings are to be put on over the twisted thread, before or after the removal of the pins, as this only has the bad effect of collecting the discharges and interfering with the union. Any clotted blood is to be removed from the small end of the needle before setting about withdrawing it. It is to be turned gently on its axis, and the thread being fixed with the fingers of the second hand, right or left, as may be, it is steadily extracted. The threads may remain for some days. I have never had the union fail, in many scores—I might say hundreds of cases which have come under my care.

Now I have been thus particular in describing this disease, trifling as you may suppose it, and this small operation, because I think you may gain some information from both. Minor diseases and operations are of frequent occurrence, and

more likely to come under your management than great, and bloody, and capital operations. I shall lecture you even on smaller matters than these,—on ulcers, even on diseases of the nails, on bunions, and on dressings of one kind and another.

DISEASES OF THE RECTUM.

I have alluded more than once to cases of hemorrhoidal diseases, as they are denominated, piles, condyloma, prolapsus, stricture, abscess, and fistula, all which you have already had opportunities afforded you of studying here. A great deal of importance has been attached to these diseases, which is quite proper, and as it ought to be, seeing that some of them are of a very serious nature, and all of them are attended with such annoying symptoms as tend to embitter the existence of any one who has the misfortune to be so afflicted. It is by no means proper, however, nor has it conduced to the benefit of mankind or the honour of our profession, that an air of mystery should be thrown over the subject, and that attempts should be made to create a belief that there is more than usual difficulty in understanding and managing such diseases. Pamphlets and cases, *ad nauseam*, have been published, and paragraphs on the subject have been thrust into the periodicals, which admit such, the least intention of which has been the elucidation of the subject, or the advancement of science. The object of some of these writers has been to make it appear, that almost every derangement in the function of the alimentary canal arises from some obstacle in the lower bowel, which is beyond the reach of anything but *their own peculiar machinery*. In this way they think themselves safe from detection, their success and their blunders being involved in equal obscurity. It shall be my object and aim, as it is my duty, to make the subject plain to you,—to show that these parts are subject to the same laws in a diseased state as prevail over the rest of the system,—that there is no difficulty in coming to a proper understanding of the subject; and you know that a knowledge of disease is more than half its cure.

These maladies are, except in very rare and unusual instances, so situated that they are appreciable by the sense of touch and vision; they are easily examined, their extent and nature are readily ascertained. They all depend very much upon each other; two or three of them frequently coexist, and they have the same common origin the same proximate cause of obstruction to the return of the blood, to or through the hemorrhoidal, the inferior mesenteric veins, or the branches of the vena portarum. The natural consequence of this, as in other situations, the lower limbs, more especially the left, is a distention of the branches which collect the blood from about the verge of the anus, both within and without the muscle surrounding it. Moreover, when the obstruction is pretty complete, and of some standing, extravasation of the contents of the vessels, from rupture of their coats, may be expected to arise. In less severe cases, and an excited action of the capillaries, an infiltration of serum must take place (inflammatory œdema), as a necessary consequence. Thus we have the different kinds of hemorrhoids or piles formed:—1st. The soft, blue, globular, compressible, and painful tumour—a recent varix, containing fluid blood, and communicating with the circulation, the recent blind pile. 2nd. The hard, incompressible tumour, containing coagulum in a smooth polished cyst, surrounded by a spongy vascular tissue. The dilated part of the vein has inflamed, it is separated from the circulation, its contents are coagulated, and its coats are thickened and altered in character. 3rd. The white pile, also hard and unyielding, composed principally of cellular tissue, opened out, vascular, and infiltrated. 4th. The bleeding pile, the discharge dark or florid, furnished either by an open venous branch, or by the smaller vessels on the surface of the swelling. Now, when once the skin or membrane has been extended over a tumour of this kind, it remains lax; it is corrugated to a certain extent, but is liable to be again distended, to have its vessels rendered active, and to have its cellular tissue filled by the influence of the same remote causes as originally gave rise to it. These causes are enlargements of the solid viscera of the abdomen, by which the free return of the blood is interfered with; accumulation in the hollow bowels, more especially in the sigmoid flexure; pregnancy; determination of the blood to the lower bowels from irritation of any kind; bilious purgings; presence of ascarides, or of foreign bodies, &c. Diseases of this region prevail amongst those who live well, who over-eat themselves now and then, who consume stimulating high-dressed dishes, and take little or no exercise. Their bowels become torpid, and cannot rid themselves of the burden. The natural consequence of this style of living, and of the position, is accumulation in the large intestine, difficult return of blood, and stagnation in the hemorrhoidal veins. The tumours already spoken of will present in one or other of the stages or degrees, according to the violence and duration of the attack. The symptoms

attending the appearance of these swellings are a painful pricking feel and great heat. Patients, whilst labouring under a severe attack, will tell you that they feel as if a hot knife were thrust up the fundament. The uneasy feelings are all increased, when the parts are thrown into action by spasm, as is often the case, or when they act in the evacuation of their contents. The uneasy feelings are, besides, aggravated by the pressure of the discharge, if consistent. There is a copious secretion of mucus, often vitiated and acrid, and excoriating the parts in the vicinity. Very frequently the stools are mixed with dark and clotted blood, more frequently streaked and tinged with that of a florid hue.

The fulness and distention of all the vessels in and about the rectum, give rise to a feeling as if it were not fully emptied; this induces the patient to prolong his attempts to strain and bear down. Thus matters are brought into a still worse condition. The mucous lining of the bowel becomes relaxed and congested; its connexions with the muscular coat, with the sphincters, and with the levator of the anus, are exceedingly loose, naturally. These connexions are further loosened and elongated, and folds come down and are protruded along with the evacuations. These at first return readily of themselves, or by very slight pressure; but by continued protrusion the tendency is increased, the support within, the natural adhesion, is more and more diminished, and by the dilatation of the sphincter the support from without is also withdrawn. The folds are apt to come down at all times, on the slightest action of the abdominal muscles, as in coughing, in sneezing, in talking loud; in fact, in neglected cases, on the slightest exertion, even whilst walking slowly, and on even ground.

In cases of prolapsus or procidentia recti, unless great care is taken in keeping the bowel reduced, the vessels become congested, fresh tumours are formed, and from day to day additions are made to the disease and to the sufferings of the patient. From the surface of the bowel there is always a flow more or less of mucous fluid, and in many cases great quantities of blood are lost at every evacuation of the fecal matter. It often happens that the coloured discharge comes on periodically from these internal tumours, —it not unfrequently takes the place of the catamenia, and in either sex it seems often to be poured out, from time to time, as a relief to a plethoric state, and its consequences, of some of the important organs in the great cavities. But prolapsus occurs from other causes than the irritation and feeling of fulness produced by hemorrhoidal tumours. It is met with as a consequence of disease of the urinary organs in males,—of any disease which calls into forcible and frequent action the abdominal muscles and levator of the anus. I need not tell you that the emptying of the intestinal canal and of the urinary bladder is accomplished by the aid of the same muscular apparatus,—that there is a close sympathy and consent betwixt those parts. Congestion about the end of the bowel, and forcing down of its lining membrane, are apt to take place in any disease in which the assistance of these muscles is frequently called in,—in stone (I have already given you an instance of this), —in diseased prostate,—in stricture,—or in any circumstances by which the balance of the parts is overturned. You will meet with very few young subjects labouring under calculus who are not troubled with prolapsed bowel. But in young subjects this complaint is very common from deranged bowels, worms, and, often enough, from debility, loss of flesh,—I should rather say loss of fat,—the end of the bowel thus losing one means of support. You have here a plan showing the folds, "bourrelets," or collars, which present themselves in this disease. The outer ring is covered with skin, and the interposed membrane is insensible, as in fact the folds of bowel become, more or less, according to the frequency and duration of their extrusion.

CLINICAL LECTURES

DELIVERED AT

ST. GEORGE'S HOSPITAL,

BY

Sir B. C. BRODIE.

DISEASES OF THE SALIVARY GLANDS, TONGUE, GUMS, AND LOWER JAW-BONE.

(*December 9th*, 1834.)

I shall proceed to-day with the diseases of the salivary glands. There are some cases in which you find the duct of the gall-bladder obliterated, and the gall-bladder, therefore, filled with bile. The ductus communis choledochus may be also affected in the same way. Many of the excretory ducts, likewise, may be obliterated, and the secretion in them collected. Thus it may be with the salivary ducts, the saliva contained in the gland being accumulated. This affection occurs most commonly in the duct of the maxillary gland, which the saliva may by accumulation distend, and form a tumour under the tongue, termed ranula. The tumour

at first is small, but it gradually increases, and I have read of cases in which it has been so large, as to lift up the tongue to the roof of the mouth, and completely prevent speech.

If such a tumour be pricked with a lancet, it will disappear, but this alone is not sufficient for a cure. The fluid will, at first, flow out, but the aperture made by the lancet soon heals, and the saliva collects again, from the opening not remaining sufficiently pervious. In other cases I have run a tenaculum through the coats of the tumour, and cut out a portion of the sac with success. The fluid is then kept out for a longer period than in the former cases, but, eventually, this opening also closes, and the operation is not, therefore, always to be depended on. To do good, you should cut out as much of the tumour as possible, or you will not have anything like a perfect cure. I have run a seton through the tumour, and the saliva has run away until the seton has sloughed out, but this method may fail. Some gentlemen may remember a case which was in the hospital some time back, in which I introduced a metallic ring through the tumour. I forget the result of that case, but I believe that the method employed did not succeed. Sometimes the seton will cure these cases. The best treatment, I believe, is to make an opening into the tumour, and touch the parts lightly with the caustic potash. On the whole, I think I have found this plan to answer better than any other; but you may have a case in hand a long time before you can cure it.

There is a disease which sometimes affects the small glands situated on the inside of the lip and cheek. You turn down the lip, and find a globular fleshy tumour, which, if large, is transparent; on dividing the skin, you find a transparent membrane beneath it, and when punctured, a transparent fluid, like saliva, is evacuated, varying in quantity from a drop to a teaspoonful. Here, though the fluid be let out, it will collect again, and it is better, therefore, to dissect out the whole gland, for its loss is of no consequence, or you may divide it with a lancet, and make a slough of the inner surface with caustic.

The saliva will sometimes deposit earthy matter, as it does very frequently about the teeth of dirty persons, in the form of tartar, or phosphate of lime. Sometimes you find this in the salivary ducts, generally those which are under the tongue. The treatment is very simple. These deposits usually accumulate in one cavity, whence it is better to divide the duct and remove the foreign body. Should they return, you may again pursue the same means. I have seen them formed in the ducts of the parotid gland, but they are very rare. I met with such a case last summer, and removed the phosphates.

Tumours sometimes form in the parotid gland, which have been mistaken for tumours of the gland itself, but I assure you that this is not the case, as I have frequently removed these tumours, and always found them imbedded in the gland itself. I do not mean to say that the parotid gland may not become scirrhous, but in the majority of instances the disease is in the gland, and does not consist in a change of its structure. I once saw a case of encysted tumour of the parotid gland; in another case the tumour was of a laminated structure, similar in disposition to the laminated coagulum of an aneurysmal sac; but there is a great variety of these. I have removed several, as many as ten or twelve. In its early stage of growth, such a tumour is small, and most probably consists then only of an enlarged gland; but it soon increases in size, and may reach an indefinite magnitude. When small, such a tumour is oval and moveable; but its mobility diminishes as it increases in size, and it may gradually dip behind the angle of the lower jaw. These tumours are sometimes of an hour-glass shape, one part being situated external, and the other internal, to the angle of the lower jaw, the latter portion being the smaller, and the former the larger of the two. These tumours are invariably malignant, not in the same manner, however, as scirrhus or fungus hæmatodes, but if left to themselves, they run the same course as all malignant diseases. The skin covering the tumour becomes red and inflamed, and then ulcerates and bleeds, discharging at the same time a thin, fetid, bloody sanies. After this the growth of the tumour rapidly increases, and the ulceration and bleeding continue until the patient is exhausted and dies. This was the course which such a tumour took in a patient whom I attended, who would not permit its removal by operation; and also in another case in which the tumour returned after removal. The growth of these tumours may continue for nine or ten years, but they rarely return after being removed. I have already mentioned one case in which it returned, and I know of another in which it returned after a lapse of seven years. The tumour should, if possible, be extirpated at an early period of the disease, as it affords the patient a better chance of its complete repression. The operation is a very delicate one, even if the tumour be small. There is much trouble in checking the hemorrhage, which always occurs. A sil-

ver knife should be used to separate the tumour from the cellular membrane by which it is surmounted.

In the course of the operation, you will find some branches of the portio dura lying over and under the tumour, and the lobe of the parotid gland also lies in the same relation to the tumour; from these it must be separated very carefully, and great pains should be taken not to divide any branches of the facial nerve, or the patient will have paralysis of that side of the face for ever afterwards. If the tumour be a large one, the operation becomes most formidable and dangerous. When the tumour is large, no skill on your part will prevent your injuring some of the nervous branches which are implicated in it. Some authors have said, that tumours resembling scirrhus form in the parotid gland, but I think that most probably they allude to one of those tumours to which I have been drawing your attention. I must not omit, before closing this lecture, to mention that these tumours are most commonly met with in women. They do not often occur in men.

(*December 16th*, 1834.)

In the present lecture I propose to direct your attention to the diseases of the tongue, a subject which I think is but badly treated by surgical writers. In those works to which I have referred, I find no mention of lingual diseases, which at all coincide with the results of my own experience in such cases. There is a very rare disease of this organ, which is termed "psoriasis of the tongue," because the same morbid action which produces it in the system generally, will produce it in the tongue, and it is constantly found to occur in cases where psoriasis manifests itself in other parts of the body. It occurs also in persons who are subject to dyspeptic acidity of the stomach, or who have, or have had, some tendency to syphilitic affections, or who may be in the last stage of them.

The tongue is sore and red, and covered with an eruption of small conical projecting papillæ; the soreness will soon spread all over the tongue, leaving this peculiar eruption behind it. These are the appearances in the early stage of the disease; in the more advanced stage the tongue enlarges until it is almost too big for the mouth, and its edges are indented by the teeth. The patient lisps, and the surface of the tongue is cracked and furrowed. When much enlarged, you can see a deep fissure running along it from end to end, in consequence of the sides of the tongue swelling, and the median portion becoming depressed. These furrows sometimes are transverse, and extend over every part of the organ. The disease may cause but little inconvenience, except from the extreme bulk of the tongue. Sometimes, however, it is very tender and irritable, and pale and shining, as if its cuticle were unhealthy; sometimes the papillæ at the posterior surface are fissured and enlarged. The disease generally spreads all over the tongue, but occasionally only a portion of it is affected, —either the central or the posterior surface. When the tongue is very sore, the difficulty of mastication is very distressing. There are many cases in which the patient suffers at the same time much from syphilis.

The disease may subside sooner or later. I had a case under my care which lasted between twenty and thirty years, and then departed. The gentleman's age was 60, and the disease came on when he was young: he had scarcely ever been without it, and it was quite a torment to him. This disease is sometimes attributed to the too great use of mercury, and I dare say the idea is correct in some respects. I have no right, however, to state this as a positive fact, and I will not say that any disease like it may be induced or aggravated by the use of mercury.

From whatever cause this disease may arise, I have most frequently found the patient benefited by the internal use of mercury. You may give the hydrarg. cum creta, in small doses, such as two grains every night at bedtime, gradually increased to four or five daily. It is seldom that the dose will require to be augmented beyond that, excepting where, combined with the disease, there is a syphilitic taint in the constitution. I have now a case of this latter kind under my care, in which the patient did not experience any benefit until he had rubbed in. When the patient is labouring under what may be termed the sequelæ of syphilitic or dyspeptic affections, you will generally find small doses of mercury sufficient. If mercury have been taken without relief, you must then consider what is the next best thing to be done. In such cases I have generally ordered ʒij of radix sarsaparillæ, to be infused in 0j of liquor calcis for twenty-four hours, and ordered the patient to take 0j of this infusion daily. Sometimes in these cases I order 0j of the decoct. sarsæ, with ʒiij of the extract daily; but this I seldom order except in those cases where there is a syphilitic taint, and where the disease has been rather aggravated than benefited by the use of mercury. I have not much faith in local applications in this disease. Where the papillæ are conical and much

elevated, it is sometimes useful to touch them with the nitrate of silver, or the Barbadoes naphtha, or the mel boraci may be applied to the parts as a liniment. Where you find this disease obstinate, and not yielding either to external or internal remedies, general constitutional treatment may, perhaps, be employed with benefit. Thus, if the patient's health be shaken, he may be sent to the sea-side for change of air and scene, and take tonics with advantage. Though the tongue has recovered, the cracks and fissures seldom entirely disappear, but remain more or less visible during life.

I have seen cases of carcinoma and fungus hæmatodes of the tongue; the latter, however, is rare. The progress of both diseases is the same as in other parts. Carcinoma of the tongue may occur at any age, even at 16 or 17 years, when carcinoma of the breast never occurs. There is a tumour, over which the skin becomes red and shining, and then ulcerates, the ulceration spreading and becoming very painful, enlarging in every direction, and causing the patient to suffer the most horrible inconvenience. It will in time destroy the greater part of the tongue, producing a most foul irregular surface, and a hard projecting margin. The glands of the neck and throat become included in the disease, and are enlarged and ulcerated. The tongue stiffens and becomes immoveable, and at last the patient can hardly speak, or swallow even liquids, daily becoming more weak and emaciated; and generally in the course of two years the disease runs its course and proves fatal.

Fungus hæmatodes begins, I suppose, in the same way as carcinoma, but the former is of a soft texture, while the latter is hard. This is not, however, the distinguishing mark of the disease. I need not tell you that there is no remedy for this disease, though it may be palliated. If any good is to be done by removing the diseased part, it must be at a very early period of the disease, but it is rarely successful. The examination of a case of carcinoma of the tongue will at once explain the reason of this; in one part of it you will see a patch of carcinomatous ulceration, with a carcinomatous tumour at its base, and the tongue itself is studded with carcinomatous tubercles, proving the disease to exist in the whole organ. If you think it advisable, you may remove a large portion of the tongue, with a bistoury. Take hold of the apex of the tongue with a towel, draw it out, and run a bistoury through the tongue, beyond the tumour, cutting out behind the tumour. There is not sufficient hemorrhage in these cases to prove dangerous. If a large portion is to be removed, it will, perhaps, be better to adopt the mode mentioned by Sir E. Home,—that of applying a ligature beyond the tumour, and tying it very tight on each side. The pain of this operation soon subsides. There is, of course, a great discharge of saliva from the part, but the slough separates at the end of five or six days, and in favourable cases the wound heals readily. A deep indentation is left on that side of the tongue, which fills up, and in time there is but little loss of substance. You may take out a large portion of the tongue with one double ligature, but a larger portion still with two double ligatures. You may even take out half the tongue in this manner, but I would not recommend you to do so, as it leaves behind it such an unnatural deformity.

There is a disease of the tongue which is liable to be mistaken for carcinoma. And I do not know that I can do better than narrate here the following case:—A person came to me for a disease of the tongue, which had been described as carcinoma. On examination I found an ulcer, with a deep irregular margin around it, and I did not believe it to be carcinoma. The patient had been troubled with it for ten years. Iodine was recommended, and the patient took it for some weeks, and left town for the country, where eventually the disease was completely cured. The patient took the iodine for a long time without consulting a medical man, and in consequence had a paralytic attack from the effects of the iodine upon the brain. The great diagnostic difference between carcinoma and fungus hæmatodes of the brain is, that carcinoma is more common, and is attended with tumour and pain; whereas, in fungus hæmatodes there is neither the one nor the other.

There is another disease affecting the tongue, which is not generally described in books. It consists of an enlargement in one part of the tongue, and in the formation of a tumour which has no defined margin or boundary. It is soft and elastic, and occasions no pain. Such a tumour will gradually increase in size, and at last ulcerate. An abscess then forms in it, which bursts. The ulcer is narrow but deep, and a probe may be passed diagonally through the ulcer into the tumour. If the disease goes on, the entire tumour will become ulcerated.* This disease does not

* The following remark on this species of tumour is derived from MS. notes of Sir B. Brodie's surgical lectures:—"This tumour gives the patient no inconvenience until it has grown to some size, and then it ulcerates in a peculiar manner.

contaminate the absorbent glands, but if allowed to run its course, it will in time affect the fauces and pharynx. I have by me the notes of a case of this nature which came into the hospital many years since, in which the pharynx was implicated. I suppose the disease was then considered to be a malignant one, for I believe that we were at that time ignorant of its true nature. This disease will yield to arsenic. You may begin by giving mij of the liquor arsenicalis, three or four times daily, gradually increasing the dose until it begins to act as a poison, when it is to be discontinued. If it do not completely cure the disease, it never fails most materially to reduce it. I generally begin with the arsenic, which I have much faith in; but if it should fail I then give the oxymuriate of mercury, with sarsaparilla. It is of importance that you should distinguish the tumour of the tongue, which is not malignant, from carcinoma of the tongue, which is malignant.

There are some tumours of the tongue which are hard and irregular, and have distinct boundaries, and in which iodine proves of great service. I have seen an hydatid tumour form at the lower part of the tongue; it was removed, and the patient did very well. We will resume the consideration of the subject at the next lecture.

(*January 6th*, 1835.)

In my last lecture I spoke of psoriasis of the tongue, but forgot to mention, that when it appears in an aggravated form, you are almost led to suspect the existence of carcinoma. I once saw a case of this kind, which was sent to me for extirpation, but on learning its history I found it to be one of aggravated psoriasis. The patient was ordered the oxymuriate of mercury, with sarsaparilla, and he very rapidly recovered.

I now come to speak to you of diseases of the gums and lower jaw. Well, now, gum-boils and other affections of these parts may seem to be trifling things, but they are not always really so. A gum-boil is a thing of very common occurrence, and yet may perplex an experienced surgeon. A gum-boil is generally connected with a diseased tooth, which may be either dead or carious, and when the latter is the case, which is not always very apparent, the patient does not suffer much until the disease approaches the cavity of the tooth. Inflammation of the pulp of the tooth then ensues, which, being confined by the bony structure of the tooth, causes the tooth-ach. This may subside, and then come on again, and again subside, until the vitality of the pulp is destroyed, and the tooth dies, remaining dead in the jaw, perhaps for many years, without causing much inconvenience. Sooner or later, however, severe inflammation will ensue, and matter will form between the dead tooth and the alveolar socket. This may continue until the abscess bursts, or an opening is made with a lancet to evacuate the matter, which will confer great but not complete relief, for that can only be afforded by the extraction of the diseased tooth at the bottom of the abscess. If you feel the matter collected under the gum, you may let it out, or you may draw the tooth which causes its collection. In some cases, however, the swelling of the parts is so great as not to allow of your doing this. An abscess of the gums may form, from chronic inflammation of those parts, and the symptoms do not become urgent until after a long period of time. The patient feels his gum swelled, but suffers little or no inconvenience. It is better in these cases to remove the offending cause - the diseased tooth, and thus prevent the chance of any formation of matter. The abscess sometimes extends beyond the gum; it may burrow under the lining membrane of the cheek by the lower jaw. The swelling in these cases is not fixed; it is hard, and has no defined boundary, and is attached to the jaw, indicating a diseased tooth. Look into the patient's mouth, and find out where the diseased tooth is. But are you to poultice or to lance the abscess, and draw out the diseased tooth? The latter is the best, I assure you. Where the skin is very thin, you should open it very carefully, in order to prevent leaving a scar, a thing which is much to be avoided in the upper classes of society, where personal appearance is esteemed of great value.

The abscess in the jaw frequently forms over the diseased tooth which causes it, but not always. A patient once came to me who had a little ulcer formed over the symphysis of the lower jaw, which had resisted all methods of cure. I introduced a probe, and found that it passed along a sinus which led up to the base of a diseased molar tooth, very near the angle of the jaw; the tooth was extracted, and the ulcer presently healed. These abscesses sometimes put on a very ill appearance, resembling carcinomatous ulcer.

There is formed by this process of ulceration a great flap of the skin of the tongue, and a probe passed under it enters a sinus, which runs obliquely under the tongue and the tumour. When many of these form, the patient suffers great pain and inconvenience."—*Rep.*

There is a disease connected with the gums, which occurs in elderly persons. It appears to be an affection of the gums, but it really is an affection of the bone under the gums. The gums become swollen, and assume a dark-red colour, and if you press between the gums and the teeth, pus exudes; by-and-by the teeth become loose and drop out. On examining them you find them perfectly healthy, having no marks, either of caries or absorption, and it would therefore appear that the disease is one which causes a destruction of the adhesion between the gums and the teeth. I am, consequently, led to conclude that the disease is an affection of the bones, a thing perfectly easy to imagine. This disease is very troublesome to cure. In almost every affection of the teeth or gums, persons are in the habit of going to dentists, and I suppose that in this disease they do the same; but dentists cannot understand anything of this disease. Sometimes, when the teeth drop out, the jaw seems sound enough for the reception of new teeth. If this disease be seen in its early stages, you may do much for the patient by stopping its progress. From analogy, I have been led in such cases to give sarsaparilla, but I have not found it very useful. I have generally found the oxymuriate of mercury answer better, given in the dose of one-eighth of a grain three times a day for the space of six weeks. This seldom fails to complete a cure.

The next disease which I have to notice is one of very great importance. The first symptom of it, which you are led to notice, is a slight protrusion of the gum; this gradually increases, and extends between two of the teeth, which it loosens and displaces; it then extends either to the inside or the outside of the gums, and may occupy the larger portion of the jaw, going on to fungus, bleeding, and ulceration. If left to itself, it may become as bad as carcinoma or malignant disease. It is not truly a malignant disease in itself, but it comes more properly under the denomination of what I have frequently termed "half-malignant disease." It does not contaminate the lymphatic glands, until an advanced period of the disease. A woman may have carcinoma of the breast, without having this affection of the gums. If possible, it is best to remove this diseased structure. If allowed to go on, its course is very brief. In the advanced stages, it is difficult to do anything for the patient. Supposing a person comes to you, when the tumour of the jaw is no bigger than a hazel-nut; in such a case you may generally effect a permanent cure by an operation. If one or two teeth happen to be in the way, they should be removed, after which the tumour should be removed down to the bone with a strong knife. The instrument which I generally use for the purpose is a very strong scalpel, with a slight lateral curve at the end. You do no good if you do not remove the tumour quite down to the bone, and after the operation you must destroy the surface of bone to which it was attached, causing it to exfoliate, when your patient will be safe from a recurrence of the disease. For the purpose of producing this exfoliation, you may employ the actual cautery; we have used it here, but do not employ it now, for it is at best but a barbarous piece of surgery, and the credit of English practice is much raised over that of the continent, by the rarity with which the actual cautery is now used here, compared with its employment in France. The caustic potash answers the purpose equally well, and does not frighten the patient. You should hold the cheek open, and then, having a piece of the caustic potash in a pair of forceps, apply it to the part when all bleeding has ceased, which, however, may not be for an hour after the operation. If you find that the caustic potash spreads, have a dossil of lint ready steeped in vinegar, as this, when applied, will tend to neutralize the potash.

While on this subject I would advise you never to use the caustic potash without having some vinegar at hand to check its spreading. If you use strong nitric acid, always have some soda or potash near. If you find that the disease has existed long, or that one exfoliation of bone is not sufficient, you must re-apply the caustic potash to produce another; or, if necessary, remove a larger portion of the bone of the jaw. This remarkable circumstance attends this disease, that it seldom occurs in the upper jaw. The operation of excising a portion of the jaw is very easy; I have frequently performed it. This model and preparation represent a case which occurred in this hospital, where the bone of the lower jaw seems expanded into a cyst. At the time of the operation it seemed to consist of several smaller ones, which, however, have been broken down here, I have seen this disease in several of its stages; I saw it once in its very earliest stage. A young gentleman had a tumour situated under the incisor teeth, about as big as a walnut and as hard as an expansion of bone; when pressed it yielded and crackled, showing it to be bone, but very thin in its substance; I broke this thin plate down, and opened it, when there issued forth a large quantity of water; at the bottom of the tumour I found the fangs of two incisor teeth, I

had good reason therefore for believing that the tumour commenced at the bottom of the alveoli, and that the bone was expanded over it. Here I used the caustic potash except near the teeth, and *they* covered up. I was anxious to learn in this case whether what I had done was sufficient to ensure a permanent cure, or whether any of the incisor teeth had been destroyed. I cannot doubt but that this young gentleman's disease was the same as in the poor woman who is the subject of this preparation, in which you see that the walls of the tumour are in some places so thin as to consist of mere membrane without bone. I should therefore, describe this as a membranous cyst containing fluid, connected with the teeth, and which, under the pressure of this fluid, became distended. When I use this latter term, I do not mean to employ it literally; for there can be no actual distention of bone: more than this is involved, as you must all know, in the effect produced,—a very complicated process. Unorganized parts do not distend, but they may undergo an alternating process of absorption and deposition, and in this way is the formation of such a boundary to this tumour produced. In disease, there is seldom any simple mechanical distention.

You know, from what I have said, how to cure this tumour in its early stages; in its advanced stage you must remove the entire portion of the jaw to which the tumour is attached even from the symphysis to the articulation. It is a frightful operation, and is rendered tedious from the number of vessels which require to be secured, to check the abundant hemorrhage, but yet it is one which may be performed successfully. In the case of this woman the wound united by the first intention, and she was doing well, when she was seized with a sudden attack of erysipelas and died.

Mr. Liston's Lecture on Tetanus.—We are informed by the gentleman who furnished Mr. Liston with some of the particulars of the case referred to in the above lecture, page 582, paragraph 2, that he accidentally led Mr. L. into error respecting the nature of the disease for which amputation was performed, where acute tetanus supervened. The operation was performed, not for compound fracture, but for disease of the knee-joint, and extensive destruction of the cellular tissue, attended by hectic, and following erysipelas.

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

ON THE SYMPATHY BETWEEN THE EYES, ILLUSTRATED BY THE PHENOMENA OF DISEASE.

There is perhaps no part of physiology a knowledge of which is of more importance in the practice of medicine than the doctrine of *sympathy*. Such knowledge is absolutely necessary to enable us to distinguish primary affections from mere symptoms, and it is no less useful in pointing out the proper channel for the application of remedies. A knowledge of sympathies also enables us to arrange and classify the symptoms of diseases, into those which are purely sympathetic, and those which arise from changes in the structure and function of the organ primarily affected.

Most surgeons have had opportunities of remarking, that when one eye sustains even a slight injury, almost immediately afterwards the other becomes weak and irritable, and those persons who have long had one eye affected with any disease, have usually suffered disorder in the other. This may, probably, be accounted for, by considering not only that both organs are employed in the performance of one function, but that a very intimate connexion exists between the optic nerves. Many cases might be mentioned, where diseases, originally confined to one eye, have been propagated or transmitted to the other; and in some instances where an eye whose cornea, lens, iris, or retina, has been affected with a particular disease, the same affection has also attacked the respective texture of the second eye. In this manner I have frequently known both eyes to be destroyed by the cornea having become staphylomatous,—by inflammation of the irides contracting and shutting up the pupils,—by opacities in the crystalline lens,—and by various affections of the retina.

This remarkable sympathy between the two eyes is interesting, not only in a pathological point of view, but from the practical conclusions to which it leads, as I shall endeavour to show by the following cases,—which will I hope be sufficient to open a path for future investigation, and ultimately lead to some important improvements in the treatment of many diseases of these important organs.

Case 1.—An old lady received an injury in her left eye, fourteen years previous to placing herself under my care. Eight years after the injury, both eyes were attacked with puriform ophthalmia, from which neither of them altogether recovered, a considerable degree of opacity of the cornea remaining in the right eye, and both tarsi of the left having become inverted. This inversion of the tarsi had been observed only during the last three years, during which period a variety of different means were in vain employed for her relief. When she was first placed under my care, the cilia of both eyelids were not only turned in upon the globe, forming a complete *trichiasis*, but a number of supernumerary hairs had grown from the edges of the eyelids. The eyeball was much inflamed, the cornea very obscure, the brow kept constantly knit, and the eyelids squeezed together. Though the eyelids of the other eye were perfectly natural, yet the eyeball was a good deal inflamed, and the cornea was so opaque that she could not see sufficiently even to guide herself in the street. I attempted in various ways to evert the eyelids of the left eye, and at last resorted to the operation of cutting off a slice of the cartilage; but all means failed; yet whilst a temporary relief was obtained, I observed that during that period of ease the inflammation and irritation of the right eye always ceased, and this was so remarkable that I had no hesitation in referring the inflammation of the right eye to the irritation kept up by the disease in the left; and I was impressed with the opinion, that if the disease in the left eye could be cured, the right eye would also get well. As, however, the disease in the left eye had hitherto resisted every remedy, and thus no hope remained of the recovery of either eye, there seemed to me only one thing further which could be attempted, and this was the destruction of the globe of the left eye, conceiving that by thus cutting off all source of irritation from the right eye, that organ might be restored.

The patient willingly submitted to this treatment. Accordingly I made an incision in the cornea, and along with the aqueous humour a great portion of the vitreous humour and the crystalline lens were evacuated. The operation caused little pain, and was followed only by slight inflammation. After a few days the irritation of the right eye began to diminish; she had much less knitting of the eyebrows, the eyelids were gradually kept more and more open, and the fulness of the vessels of the palpebral conjunctiva was a good deal lessened. The left eyeball (the one operated on) also became easier and less inflamed, but as it still retained its globular form, not having diminished so as altogether to collapse beyond the reach of the inverted cilia, this source of irritation, though comparatively slight, still continued, and to diminish which I introduced an artificial eye between the inverted eyelids and globe*. This expedient completely fulfilled my most sanguine expectations, for after wearing it a few days, all irritation in both eyes ceased, the vision of the right eye became more perfect than it had been for several years, and in this improved condition the patient returned to the country.

Case 2.—A female applied to me on account of an *inversion of the lower eyelid* of both eyes, which had affected the left eye several months before appearing in the right. The tarsi of both eyes were so much turned in, that the ciliæ were entirely out of sight, and the skin near their roots lay in contact with the eyeballs. The cornea of the left eye had become partially obscured, and the inflammation constantly kept up in both eyes had become a source of great and increasing distress.

After adopting some preparatory measures, a common pin was passed under a portion of skin on the left lower eyelid, entering at a point about half an inch from the temporal extremity, and emerging from under the skin, at about the same distance from the nasal extremity of the lower eyelid, in such a manner that the pin lay in a line parallel to the eyelid, and about half an inch from its margin. By a few turns of a silk ligature applied on this pin, as in the twisted suture, moderately tightened, the inverted tarsus was gradually brought into its proper situation. The eye was then carefully closed, and covered with a handkerchief. In a few days a considerable degree of cutaneous inflammation supervened, which soon subsided on the removal of the ligature and pin, leaving both eyes very much improved, though the tendency to inversion, especially on squeezing or forcibly closing the eyelids, still existed.

The most important circumstance to be observed in this case is, that the inversion of the lower eyelid of the right eye, and the inflammation caused by it, were fully as much and as speedily ameliorated by the operation, as were those of the left eye, on which the pin was applied.

In conclusion I may remark, that this sympathy of the two eyes is strikingly exemplified in a peculiar inflammatory

* This was a practice proposed by the older surgeons for the cure of trichiasis.

affection, to which the internal tunics of the Horse's eye are liable; and those who are conversant with veterinary medicine consider, if one eye be so severely affected with this inflammation that the globe is destroyed and collapses, there is a great chance of the other eye remaining sound. I have been told, that even if the diseased eye met with any accident, and the injury hasten its destruction, the other eye will be saved, and so well established is this fact, that some farriers have ventured to destroy the diseased eye in order to preserve the other; and this they have rudely accomplished by applying quick lime within the eyelids, or by thrusting a nail into the globe, thus exciting inflammation, suppuration, and collapse of the eyeball.

AMPUTATION AND DISARTICULATION OF THE LOWER MOIETY OF THE INFERIOR MAXILLAR BONE.

M. Sache, 57 years of age, a merchant, had always enjoyed good health, being merely affected with some rheumatismal pains in the back. At the commencement of the year 1833 these pains were replaced by violent headach, with dizziness, &c. During this time the teeth on the left side of the jaw began gradually to fall out, and in the month of June the pain became entirely fixed to that region. The left and middle part of the lower jaw was now the seat of tumefaction, and after a month the last molar tooth dropped out, and gave issue to an ichorous matter. The engorgement quickly extended to the tongue, and the inner surface of the lower maxillar bone soon threw out vegetations. These latter were excised on two occasions by M. Boucher of Lyon; but they sprang up again with increased rapidity. The pain now became lancinating. The patient from this time remained without any treatment until the end of October last, when he came to Paris and put himself under M. Lisfranc. At the first examination the tumour was found to be in the following state; the left side of the lower jaw, as far as within six lines of its angle, seemed to be increased six times in volume, and above, the engorgement of tissues mounted up nearly to the superior dental arch. Above the angle the disease embraced three-fourths of the neck of the bone, and extended beyond the carotids, which it seemed to embrace. Near the edge of the bone the skin, was blue, and the seat of two tuberculous points; in every other part it appeared to be healthy.

The finger introduced into the mouth felt fungous projections from the alveolar edge, to an extent reaching from the middle of the jaw-bone to the coronoid process. The inner part of the centre of the bone was soft, and tore away under the slightest pressure.

The nature of the disease in this case was manifest, and the necessity of an operation clear; but M. Lisfranc, according to his peculiar ideas on the nature of cancer, &c., previously sought to reduce the engorgement by leeches and cataplasms; in this he succeeded, and brought down the tumour to the sub-maxillary region: the carotid arteries became free, and above were distant at least ten lines from the engorgement.

In this favourable state M. Lisfranc proceeded to operate. Instead of pursuing the ordinary method, which consists in making a transverse incision from the angle of the mouth, and two perpendicular ones, M. Lisfranc preferred a quite opposite one, by which the base of the flap becomes superior; the presence of a cicatrix on the face is thus avoided, and the lower one is covered by the cravat.

An incision, commencing six lines inside the commissure of the lips on the left side, was brought down perpendicularly below the chin, to the level of the thyroid cartilage; it now swept round the tumour and ascended along the edge of the maxillary bone to the ear. An assistant held his fingers on the carotid and temporal arteries in order to constantly point out their situation.

M. Lisfranc detached the flap from below upwards with great difficulty; this done, he extracted the two left incisors, exposed the body of the bone six lines from the symphysis, and divided it from before backwards with a small saw. On examining the ramus of the jaw, the operator now convinced himself that it was diseased, and resolved on disarticulation.

With a curved bistoury he divided all the parts surrounding the coronoid process, and then, resuming his dissection, he gradually detached the tumour from below upward, turning the bone outward, and replacing the bistoury by the scissars in the neighbourhood of the large vessels. The fingers of the assistant protected the carotid and temporal arteries during the whole operation.

Five or six vessels were tied; and a small prolongation, in the form of a cyst, situated below the tongue, was extirpated. Some indurated points were also removed, especially on the inner surface of the flap

which was clipped in all directions with the flat scissars.

The tongue remained in situ, as the genio-glossus and genio-hyoideus muscles, which remained healthy, were carefully preserved. The flap, when laid down, was retained by about thirty points of suture; and a small opening was left at the most depending part for the exit of the pus. The dressing consisted in a broad piece of linen, perforated with openings, and covered with cerate: a good deal of charpie, especially over the middle part, to favour the application of the flap without compressing it, was used; and, finally, the chin-bandage. The patient experienced no accident,—not even a slight headach: he merely had difficulty in swallowing fluids, which partly passed out of the wound; but this inconvenience diminished daily. After the twelfth day he walked about his chamber; and, by making use of a biberon, he was able to take broth, jelly, &c. The sutures were removed on the second and third days. From this time everything has gone on well, and the patient is now perfectly cured. On examination of the tumour, it was found to be of a scirrhous nature, surrounding the whole of half the lower jaw-bone, which was itself eroded and extremely fragile.—*French Gaz. Med., Jan.* 17.

TREATMENT OF

FUNGUS OF THE BLADDER

BY

LIGATURE, LACERATION, AND CRUSHING.

A LETTER addressed by M. CIVIALE to the Academy of Sciences, in December 1834, on the above subject, and published in Number 52 of the *Gaz. Med. de Paris*, contains the following remarks:—

Certain tumours which become developed in the bladder, principally near the orifice of the urethra, sometimes acquire sufficient magnitude to give rise to serious accidents. Up to the present day surgery was unable, not only to cure them, but even to determine their existence, which lay concealed until after death. The use of lithotritic instruments has furnished me (says M. CIVIALE) with a certain means of recognising them in the living body, determining their consistence, appreciating their volume, and judging whether or not they are pediculated. These principles once known, have suggested to me a series of curative measures, which, after some trials, have at last led me to the most satisfactory results.

I employed at first the ligature, by means of a peculiar apparatus, which it would be too long to describe here; but this method can only be applied to a very small number of cases. It is so long, difficult, and fatiguing to the patient, that I was soon compelled to renounce it. I then conceived the idea of *tearing* away these tumours, by means of instruments analogous to those used for crushing the stone, but mounted in a different manner. This method was put in practice for the first time on the 23rd October 1827, in the case of a small pediculated fungus. The operation was easy and simple. The patient passed a good deal of blood in his urine, but experienced no accident whatever; and was cured on the following day. A small instrument was employed; and although the fungus came out in its branches, the whole was brought easily away from the urethra. (This is the most simple case which has occurred in M. CIVIALE's practice.)

Another patient was submitted to the same process on the 12th March 1829; but his case was much more severe. The tumour was hard, and as large as a small nut. It was necessary to crush it, and to reduce it to a kind of paste, before it would pass through the urethra. The operation was difficult and painful, and required two sittings. It was terminated on the second, which took place after an interval of seven days. Several surgeons, amongst whom were MM. BAFFOS and COSTELLO, assisted at it. The patient died in three months of typhoid fever, a disease totally unconnected with that of the bladder.

M. CIVIALE has also practised arrachement of a vesical fungus on a third patient, who was at the same time affected with stone. He first lacerated the tumour, and then crushed the hard body: but in this case the operation presented a peculiarity, which has induced him to abandon it since. In spite of repeated torsions, the pedicle of the fungus was not completely detached; and it brought out with it a filiform slip of the urethral mucous membrane, several inches long. The promptitude and facility with which membranes of this kind are reproduced, encouraged me, to a certain point, as to the results of this accident: the termination was, in fact, happy; but the patient suffered a great deal for three days; and the urethra preserved a high state of sensibility for a long time.

The third means which M. CIVIALE proposes against fungous tumours of the neck of the bladder is crushing. After

having seized and isolated the tumour by a process analogous to that which he uses for stones that are not voluminous, he closes forcibly the instrument, so as to crush the fungus suddenly, and strike it with death; but instead of withdrawing the instrument, and thus lacerating the pedicle, he opens the branches, and detaches the instrument from the crushed mass,—a manœuvre generally easy, as the bladder is filled with water. The tumour thus crushed passes away with the urine, either immediately after the operation or at a later period.

Several patients have been operated upon in this way with the most complete success. There is at present one at the Hopital Necker. The operation was commenced on Tuesday the 13th, and on the same day the patient expelled a large portion of the tumour. No accident has been developed; and immediately after the operation, the patient made water of himself with great ease, a thing which he could not do for several months previously, in spite of the various methods of treatment which had been employed.

The process of crushing presents some difficulties; but its application is not accompanied with much pain, as the tissues on which the instrument acts are little sensible. In this way the slight degree of excitement which follows the operation must be explained.

THE LANCET.

London, Saturday, Jan. 24, 1835.

In The Lancet of January the 3rd, we inserted a brief account of the inquest which was lately held in Bristol on the body of Mrs. Clara Ann Smith. At that period we had not, of course, seen the full report of the details of the medical and other evidence recorded in *Felix Farley's Bristol Journal*, dated January the 3rd, which has since been forwarded to us as containing an accurate account of the proceedings at the inquest. Nevertheless, the statements which we published (furnished to us by a highly respectable correspondent in Bristol) were strictly correct to the extent with which the circumstances were detailed, and enabled us to speak in terms of commendation of the pathological testimony given by Dr. Riley, and of the chemical evidence furnished by Mr. Herapath.

Considering all the circumstances, the case may be regarded as an interesting one, not only with reference to several of the facts as they were stated to have existed antecedent to the death of Mrs. Smith, but also with reference to the antiseptic powers of arsenic, and the extreme nicety with which the experiments for the detection of that poison were conducted.

An impression having been produced in the highest degree unfavourable to Mrs. Burdock, the female against whom a verdict of "wilful murder" has been returned by the coroner's jury, we saw in the London newspapers of Wednesday last, but certainly not with astonishment, that a motion had been made in the Court of King's Bench for a rule *nisi*, in order that the Court might be induced to direct that the trial should take place in a neighbouring county, where it was supposed that the minds of the jurymen would in a great measure be free from the prejudices which had been excited against her in Bristol and its vicinity.

In connexion with this motion, and the grounds on which it has been made by counsel, we may notice a letter which has been sent to us from Bristol, signed "A Friend of the Innocent," in which the author expresses astonishment that The Lancet has joined in the general cry against the accused. Certain it is that the writer of the letter cannot have read with care the article in The Lancet of the 3rd instant, because neither in that nor in any other number of this Journal have we intimated, by word or expression of any kind, that we approve of the verdict of the coroner's jury, or that we be-

lieve there was sufficient evidence to justify the declaration of a verdict of "wilful murder," or even of "manslaughter," against Mrs. BURDOCK.

The guilt or the innocence of the accused, indeed, cannot, in point of law, be discussed as an abstract question, but must be determined by the evidence,—the sole measure of justice in all such cases. Prejudice, therefore, should exercise no sway over the mind in forming an estimate of the bearing and weight of particular facts; and too much stress ought not to be laid upon the *motive* for the commission of such a heinous crime. What, then, is the view which we take of this case as regards the prisoner? Why, that it is impossible to convict her on a repetition of the testimony which was adduced before the coroner. We admit, to the fullest extent, the completeness and excellence of the evidence of Dr. RILEY and Mr. HERAPATH: we admit that the body was fully identified as that of Mrs. SMITH, who died in the house of Mrs. BURDOCK, then Mrs. WADE: we admit the accuracy of all the appearances described by Dr. RILEY, and that arsenic was found in the stomach to the extent stated by Mr. HERAPATH; but we do not admit that satisfactory proof has been produced that the arsenic was the cause of death. An examination of the testimony will at once show why such an admission cannot be made consistently with those rules of evidence which should govern our courts of justice. No poison was traced to the hand of the prisoner; and the gruel, which it was supposed at the inquest had been made the vehicle for administering the deleterious drug, was represented by the witness ALLEN as having had a reddish appearance; and that witness fails to describe the existence of a single symptom, after the gruel had been swallowed, which could indicate to a medical practitioner that arsenic had been received into the stomach of the deceased. THE LANCET, therefore, must have been mistaken, on this occasion, for some other journal; an error which, under different circumstances, would be by no means calculated to afford us any very agreeable sensations. Indeed, we can scarcely doubt that such a mistake has been committed, when we find the following passage in the leading article of the number of the publication called the "Medical Gazette," which purports to have been printed on the 10th instant:—

"In short, the body disinterred was identified as that of a female, aged about sixty, who had lodged with the person now accused of her murder. In the body, as we shall presently see, were found abundant proofs of poison. The general evidence tends to show that the prisoner against whom a verdict of wilful poisoning has been brought in, had shortly before the death of the old lady administered to her a basin of gruel; that certain symptoms, since recognised as those of poisoning, were observed; that the whole affair was more than suspicious; that there were motives to tempt to the crime, in the wealth that the deceased was possessed of; that wealth did seem suddenly and unaccountably to accrue to the prisoner after the death of her lodger."

If commentaries of this description are to be tolerated, in what county, in what part of England, is the prisoner to obtain a fair and impartial trial, a just, an unprejudiced verdict? The writer is displaying his critical acumen in an attempt, as he alleges, to set forth the services rendered by medical science as the assistant of justice and the exposer of crime; and then shows his own knowledge of the principles on which the practice of medical jurisprudence is founded, by pre-condemning an accused party who is about to undergo the solemn ordeal of a trial in which her life may become the prey of unfounded suspicions, and unjust prejudices. The evidence which was elicited at the inquest, instead of sustaining the accusation of the benevolent writer in the pamphlet in question, has for the most part a directly opposite tendency. It was proved by the

witnesses THOMAS and ALLEN, the two servants who were with Mrs. SMITH at, and immediately prior to, her decease; that she was reduced by disease to the most helpless condition; that she drank daily an inordinate quantity of ardent spirits; that her mouth was in an extensive state of ulceration; that she had frequent vomitings of blood; and that she was so far gone as to require the constant presence of a person in the capacity of a nurse at her bedside. If the death of Mrs. SMITH was an event which Mrs. BURDOCK was desirous of beholding, the course of natural causes, it was apparent to all, was leading rapidly to that end. Whence, then, the temptation to commit the dreadful crime of murder? But it would be a waste of time and space to enter at this period into an analysis of the testimony relative to the events which occurred immediately previous to the decease of Mrs. SMITH; because, in the first place, it is perfectly obvious, from the state to which she was reduced, that her death might have happened at the very moment at which it took place, without being accelerated by the action of arsenic; and, secondly, because it was proved by the testimony of the undertaker, that he was specially requested by Mrs. BURDOCK so to mark the situation of the grave in the churchyard, that it might be readily shown to any relatives who should inquire in what spot the deceased had been interred. Further, as the poison was not traced to the hands of the accused individual, and as there is no testimony which tends to prove that Mrs. BURDOCK knew that Mrs. SMITH was possessed of wealth, it is impossible to suppose that any jury, at the trial of Mrs. BURDOCK, on a charge of "murder," will, on the evidence here cited, return a verdict of guilty. As we have before stated, the medical testimony with reference to the pathological appearances, and the circumstance of finding arsenic in the stomach, are most complete. But we now add our opinion, that nothing can be more incomplete than the chain of events which was brought forward to prove that the decease of Mrs. SMITH arose from any premeditated, wilful, or malicious act on the part of Mrs. BURDOCK.

We have adverted to the subject on this occasion for a two-fold purpose,—first, to relieve ourselves from the imputation contained in the letter of our correspondent at Bristol; and, secondly, to show the cruelty and injustice of pre-condemning an individual on ex-parte statements, who has yet to undergo the terrific ordeal of a trial in which her life is at stake.

THE mismanagement in the medical department of *Christ's Hospital* has become the subject of conversation everywhere. Expecting the greatest advantages to be derived by their children from an introduction into that wealthy classical establishment, parents naturally feel in the disappointment of their hopes, a degree of grief proportioned to the loss they sustain from the non-education of their offspring. The *ringworm* seems destined to be the never-ceasing scourge of the parent institution in the city, and of the branch establishment at Hertford. The children are drafted from one establishment to the other; they are examined by the medical officers; some are retained at the one institution, and some at the other; some are placed in quarantine wards, others are lodged in the Infirmary; and thus, at one period, we have, under the three heads, in an active state of disease,—convalescents and quarantine patients,—a grand total embracing the number of 391 children,*—and, from the following statement, made, at page 32 of the Report, by Sir WM.

* Vide Almoner's "Report," page 28, just printed.

Curtis, we have the means of ascertaining the extended period during which many of the children have been suffering;—

"My last visit was to the ward No. 9, where there were 24 boys with bad heads in active disease; and I cannot avoid, in the most earnest and fervent way, requesting immediate attention to, if not alteration in, the system at present adopted for their cure. The following boys have been in the ward during the times stated against their several names:

NAMES.	Years.	Months.
Robert Williams	2	6
Alfred Thornton	3	2
John Porter	2	5
Henry Ramsay	1	8
John Vickery.....	1	5
Frederic Glaskin	2	1
Arthur Henry Cooper	2	5

"These boys," observes Sir William, "during the above period, have had only "a partial education, and must neces- "sarily have lost much of what they had "previously acquired."

At the request of a special committee of Christ's Hospital, Mr. Plumbe, as has already been stated in this Journal, recently visited Hertford, for the purpose of inspecting the children in the establishment of that place; when that gentleman discovered, after a careful examination, that out of upwards of four hundred boys, not more than thirty had escaped the affliction of ring-worm. We observe in the letters of Mr. Lloyd, published in the "Report," that Mr. L. fears that the disease is sustained in the Hospital by the influx of new cases, by the successive admission of new boys to the establishment. The public, on the other hand, have just ground for believing that *Christ's Hospital* is the very hot-bed of ring-worm, and that from that contaminated source the disease is communicated by the out-going boys, during the half-yearly and other holidays, to seven-tenths of the children who are afflicted with the malady throughout the country.

Whatever may have been, or still is, the cause of the disease, its existence is attended with the most baneful effects on the future prospects of the afflicted. A very large proportion of the boys at Hertford have passed the period at which they should have been forwarded to London to complete their education. Several who have suffered from ring-worm for years at Hertford are now *refused* admission to the London establishment. Many of them are fast approaching that age when their final discharge takes place in conformity with the rules of the Hospital. Thus the Governors by whom they were presented, and the parents who petitioned for their admission, discover, when too late, that their efforts to serve the juvenile objects of their solicitude, instead of being rewarded by the return to their homes of well-educated youths, have been frustrated by the infliction of an unsightly and tormenting disease on their persons. It appears from the documents in the "Appendix" to the Almoners' "Report" that during the last seven years, the surgeons, physicians, and octogenarian apothecaries of this splendid institution, have been engaged in pledging themselves to the Almoners that the disease would be speedily exterminated; and yet, at the moment we are writing, there are, at Hertford, between fifty and sixty boys under the discipline of razor and soap, of rubbing with towels, and of anointing with unguents of pitch, tar, and sulphur.

What, then, is the constitution of *Christ's Hospital*, that the Directors cannot command sufficient medical skill to combat successfully such a malady as the ring-worm? The Governors amount to four hundred in number, they consist of gentlemen of great weight and influence in society; and the names of many of them are identified with those principles of reform which have been the means of regenerating, for many years past, some of

our first national institutions. The annual income of Christ's Hospital exceeds, we understand, 50,000*l.* sterling; poverty, therefore, is not the cause of the disaster. To what, then, is it to be ascribed, but to a system of nepotism prevailing at that establishment, which is utterly incompatible with the respectability and independence of the Governors on the one hand, and the well-doing of the children on the other?

The almoners in this establishment are, we understand, about fifty in number; and, according to the good old rule of the charter-mongers, they are a self-perpetuating body;—they elect each other. But we have been informed, that in order to obviate the embarrassment which might arise from the presence and consequent interference of so large a number as fifty in the committee, the elections are made, by some contrivance, to fall on gentlemen who can rarely find it convenient to attend at all. But as there is some uncertainty consequent even on this arrangement, the elections are appointed with the greatest tardiness. At this moment, for example, there are vacancies for upwards of twenty almoners in the committee; and of the number actually on the list it seldom happens that more than a dozen attend the meetings of that body. Nothing wonderful, then, is it, that the affairs of the establishment, in some of its departments at least, exhibit the signs of apathetic management. The almoners having elected themselves, have also elected their medical officers, and, naturally enough, they hug one another with the reciprocal embraces of friendly confidence. The medical officers, since the resignation of Mr. Abernethy in 1828, have promised, monthly, the speedy "eradication" of the disease. The promise supplies the place of a cure, for there is no eradication of the malady. One governor, however, distinguished for for philanthropic contributions to *Christ's Hospital* and other charitable institutions, having grown impatient under the continuance of this torturing infliction on the poor children, at length succeeded in obtaining the appointment of a special committee for investigating the efficiency of the Medical Establishment of the Hospital. Curiously enough, the Physician resigned about the time that the motion was carried; and, under the circumstances, more curious still, the almoners elected another without consulting the Governors. In addition to these facts the special committee stated in their Report, that the *resident* apothecary was nearly eighty years of age; but the Committee forgot to state that the "*resident*" apothecary was comfortably domiciled at the respectable distance from the hospital which intervenes between that establishment and Woodford in Essex. Suspecting that this venerable gentleman might feel disposed to remain in the country for the benefit of his own health, as well as for that of the children belonging to the hospital, the special committee considerately recommended, in the event of the "resident" apothecary tendering his resignation, that an able and experienced GENERAL PRACTITIONER should be appointed to *reside* on the establishment, with a salary of an amount sufficient to render "private practice" a secondary consideration. It was wisely thought by the committee, that the boys would thus be supplied in the most prompt manner with whatever aid it was in the power of medical skill and science to bestow.

Zealously alive to every circumstance at all calculated to elucidate the subject under their investigation, the committee seek for information through the portals of other large "establishments for children." On this new and uninfected ground, the examinators hear the diet system of *Christ's Hospital* condemned *in toto*, by experienced medical officers, as

being unsuitable to the state of childhood, and, consequently, unhealthy. The committee next consider it necessary to subject the heads of the children to the scrutiny of a surgeon of known experience in the treatment of diseases of the skin. Accordingly Mr. PLUMBE was forthwith consulted, and considering that that gentleman was, many years ago, the author of a collegiate prize essay on diseases of the skin, and that he has long held the office of surgeon in the important infirmary of the united parishes of St. Giles and St. George, Bloomsbury, and, also in the *Metropolitan Infirmary for the Diseases of Children*,—if experience was at all to influence the choice of the committee, we do not know that a more judicious selection could have been made. Mr. PLUMBE, on being introduced to the hospital, and made acquainted with what was passing there, at once found it to be his duty to denounce the diet system of the establishment. He also pointed out the unnatural and injurious tendency of shaving the boys' heads on their admission, and leaving the scalp entirely unprotected by either a natural or an artificial covering,—a custom, as he explained, of treating the scalp, which furnished a powerful predisposing and exciting cause of the disease. Yet the surgeon and the apothecary declared, in almost so many words, that no change was necessary. We find, moreover, as appears by the "report" before us, that every change has been made in the diet which the special committee recommended, notwithstanding the declaration against the necessity for change made by their own officers.

Each child is now afforded a copious allowance of vegetables daily; the meat is no longer incinerated, but properly dressed; and the miserable pot-liquor has been replaced by good nourishing soup. Besides, the boys are not only to be allowed to have the covering which nature designed to protect the head, but they are to be furnished with the artificial protection of caps, so soon as the almoners can decide on the material of which they can be best constructed, and the form in which they shall be made. All these changes have been accomplished through the interference of the special committee, aided by the advice of Mr. PLUMBE; and those gentlemen are entitled to the gratitude, not only of the children and their relatives, but of every philanthropist in the country. Yet, in soliciting the assistance of Mr. PLUMBE, it would almost appear, from an epistolary correspondence which is before us, that the special committee have disturbed the feelings of Mr. LLOYD, the official surgeon of the establishment. Mr. PLUMBE, in this correspondence, complains that Mr. LLOYD neglected to keep an appointment with him at the hospital. After a careful perusal of the contents of these papers, we are of opinion that the complaint of Mr. PLUMBE is not made without a just foundation. Nothing, however, can shake the confidence of the almoners in their notions as to the ability of Mr. LLOYD; and the members of the special committee entertain an equal degree of reliance on the capacity and skill of Mr. PLUMBE.

We have not space in this number to furnish extracts from the Appendix to the Report, to show how Mr. LLOYD has, almost monthly, during the last seven years, promised the speedy "eradication" of the disease; but we certainly shall embrace an early opportunity of presenting them to the notice of our readers. In the mean while, we earnestly exhort the independent Governors of the hospital to discharge their duty to their suffering dependants, and not to suffer themselves to be hoodwinked and bamboozled by the intrigues of confederated Treasurers, or any other persons who are likely to be actuated by interested motives, or who are

possessed of incompetent judgments. Above all, let them recollect, that the officers of *St. Bartholomew's Hospital* have been most unfortunate in their treatment of the children of *Christ's Hospital*. Let them remember, that for many years before the year 1828, the ring-worm raged in the establismhent, Mr. ABERNETHY and Dr. ROBERTS being the medical officers of both those institutions at the time.

In 1828, Mr. ABERNETHY having resigned, Mr. LLOYD, assistant surgeon of *St. Bartholomew's Hospital*, was appointed as his successor, and that gentleman has ever since continued to fill the office, without mitigating the virulence of the plague which has so long raged in the establishment.

If, then, a recommendation be still given, from any quarter, to go to the officers of *St. Bartholomew's Hospital* for assistance in the emergency which is operating with such fearful injury to the interests of the children, and blighting, in many instances, for ever, the hopes and expectations of their relatives, it should be indignantly scouted by the governors, and the adviser driven from the council table of the Board; the circumstances would justify a suspicion of the purity of his motives, or might fairly induce every man of sense to question the soundness of his judgment. After the devastation which the ring-worm has caused in the establishment,—after the complete failure of the means which have been used for the "eradication" of the disease during the many years in which it prevailed before the resignation of Mr. ABERNETHY, and the long period which has elapsed since the appointment of Mr. LLOYD, we would characterize the conduct of those men as heartless, cruel, and brutal in the extreme, who further object to the introduction into the establishment of a man of experience and research in the diseases of the skin. With fifty thousand pounds a year at the command of the Governors, is it not really scandalous that the course of instruction should be perpetually checked or perverted by a disease which, it appears, is kept under perfect control, or almost instantly eradicated, in other great institutions? The voice of the public calls upon the Almoners and the Governors at large to disabuse their minds from all pernicious prejudices, and to act at once like fathers, protectors, and friends, to the poor children who are placed under their care. The call of humanity in such a case surely cannot be made in vain, and that call, heard in every circle of private society, and throughout every department of the profession, amounts to this, that a surgeon of acknowledged ability,—conversant, from his studies and experience, with the peculiarities of the diseases of the skin, should be instantly appointed as the resident medical officer of *Christ's Hospital*. Such a man, for example, as Mr. PLUMBE. When we reflect on the eminent station, the high character, and the known benevolence, of some of the Almoners, and of a great majority of the Governors, we still, notwithstanding all that has occurred, feel confident that the straight-forward path of duty will be pursued by those gentlemen, and that the health of the unfortunate children will not any longer be entrusted to inexperienced hands, or be made the prey of tricksters, or interested partizans.

The Gaceta Médica de Madrid.

WE have been favoured by a friend (M. MARTINEZ) with the first numbers of this journal, which is published at Madrid every Sunday. Like most of the medical journals of the South of Europe, it consists principally of extracts from the French periodicals. The only English journals we have seen quoted are, *The Lancet*, and *The Dublin Journal*. We shall, from time to time, give an account of the original

articles contained in the *Gaceta Médica*, and thus lay open to our readers a source of medical literature which will be entirely new to the English reader. The early numbers contain some essays, probably by the Editor, M. Alfaro, on the actual state of medicine; they give a very good view of the different doctrines which have prevailed at various periods of the science, and a judicious comparison of the anatomico-pathological school with that of the vitalists. In No. 4, p. 31, we find the following case, in which after the death of the mother, the surgeon successfully performed the

CÆSAREAN OPERATION.

Zaragoza, June 17, 1834.—On the 10th of June, a female, 33 years of age, of a lymphatic and irritable temperament, at the ninth month of her pregnancy was suddenly seized with an attack of apoplexy, which terminated in a fatal manner, notwithstanding the care and treatment employed.

In order to rescue, if possible, the child from its mother's fate, Senor Benito Buil, professor of surgery, immediately had recourse to the Cæsarean operation, and extracted a full-grown child, whose appearance at first excited some doubts of its vitality; however, although the child appeared to be in a state of asphyxia, yet the professor, on cutting the chord, distinguished some pulsation in the umbilical artery, and the blood which flowed from the divided vessel was sufficiently fluid; there was no instrument at hand by which air might be introduced into the lungs, hence S. Buil was compelled to inflate through the mouth for a few minutes, and the consequence was that in a very short time he had the satisfaction of seeing the child draw an inspiration; the efforts of the professor were redoubled by these encouraging symptoms, and after four or five minutes the child gave unequivocal signs of life; the action on the pulmonary system was seconded by fomentations and spirituous frictions, and the infant soon recovered enough to take some sugared water, after which he was wrapped in flannel. On the following day he drew freely from the breast of a nurse, and has since continued in a perfect state of health, enjoying the full exercise of all his functions.

LITHOTRITY.

The following is a report of the first case in which this operation was performed in Spain. The operator was Dr. Hysern, a professor in the Royal College of Medicine and Surgery of San Carlos:—

Don ——, a military man, 40 years of age, of a nervous temperament and gastro-hepatic idiosyncrasy, had contracted during youth various diseases which ever afterwards left an impression on his constintion. Having passed over to South America, and being exposed to the unhealthy atmosphere surrounding the marshy soil of Puerto Rico, he was seized with one of those rebellious intermittents peculiar to hot climates, which lasted more than a year, and gave rise to engorgement of the liver and spleen, accompanied by a chronic inflammation of the stomach, and high moral excitement. The urine, which was turbid during the whole course of the disease, contained at first an abundant earthy sediment, and the patient was soon attacked by deep-seated pain in the lumbar region, stupor of the muscles, and a remarkable diminution in the quantity of urine secreted.

On his return to Spain the patient's condition was somewhat amended; but having been compelled by business to return to Puerto Rico, his old complaint was revived, and compelled him again to quit South America. He now experienced the various accidents peculiar to calculous diseases, and the presence of a stone in the bladder was ascertained by the sound.

The attempts made to estimate the volume of the foreign body only tended to augment the patient's sufferings, and the symptoms of chronic cystitis were thus rendered more severe. It had come to the patient's knowledge that a calculus could be broken up in the bladder, and that I was ready to perform that operation on the living body; he therefore requested me to employ lithotrity as a means of cure. In the month of September 1832, I sounded him with the straight sound; and after having accustomed the urethra to the presence of gum-elastic bougies, introduced a small lithotritic instrument, which struck distinctly against the calculus. Another of moderate size was passed immediately after, but violent inflammation of the bladder did not permit me to finish the operation at once. On the middle of July, of the following year, I again took charge of the patient; and, with the advice of a brother surgeon, prepared the patient for the operation which he so much desired. The inflammatory state of the bladder required the employment of a strict antiphlogistic treatment, which consisted in the application of leeches, cupping, revulsives, &c., for a long time. During this period we introduced bougies of gum-elastic, gradually increasing in diameter; and threw into the bladder

emollient and anodyne injections. At first this organ would barely suffer for a few minutes the presence of an ounce, or one ounce and a half, of fluid; but this state of irritation diminished, and we soon succeeded in introducing ten or sixteen ounces, without causing much inconvenience.

On the 20th of September I made an exploratory examination, with a very small instrument, and found that there was only one calculus in the bladder, and that it was quite free. Its volume was considerable: from the number of sittings required, and from the quantity of fragments which were brought away, I would estimate its size almost at that of a hen's egg.

The first attempt was made on the 24th. The stone being pushed towards the fundus of the bladder, the blades of the litholobe were opened upon, and soon embraced it. I assured myself of this latter fact by means of the stylet; and then, with proper caution, closed the blades, and proceeded to perforate. The instrument which I used had only three lines of diameter, and its lithotritor was simple, so that we could only perforate to the same extent of three lines. We repeated the operation nine times with the same instrument, as the patient obstinately resisted the introduction of a larger one; and three or four days intervened between each sitting.

Finally, as the process went on so well, and as there seemed to be no end to the operation, the patient was persuaded to allow the introduction of a larger articulated instrument. After this, at each of the five sittings which followed, the patient passed in his urine a great quantity of fragments; and, at length, nothing was to be felt in the bladder but a small portion, which had, at different times, presented itself at the orifice of the urethra. After the removal of this fragment the patient made water much more freely than at any former time; and every thing leads us to hope that his cure will be perfect. The time consumed in each sitting varied from a few seconds to five or six minutes.

The Dublin Journal of Medical and Chemical Science for January 1835. Dublin: Hodges and Smith.

Several attempts have been made to establish a medical journal in Ireland, but invariably without success. It would be a waste of time to notice in detail the rise and fall of a series of productions whose existence was so ephemeral. The morbid state of professional society in that country, satisfactorily explains the mortality of Irish periodicals. A journal conducted on independent principles would not be supported by either of the three great parties into which the practitioners there are divided. Addressed to either of these parties exclusively, it would fail from the want of sufficient patronage. One or other of these predicaments has proved fatal to every effort of the kind yet made in Dublin. There is, in fact, no medical *public* in that city, to maintain a periodical which would deserve the name of national. It is all medical *party*. Before Ireland can place herself on a permanent equality with her neighbours in periodical literature, the laws which now keep the Irish profession in a condition of civil warfare, must undergo a thorough reformation.

The journal whose name we have above given, will scarcely, we think, whatever its merits as a work of science,—and of its early numbers we spoke highly,—escape the fatal influence of those circumstances which have disposed of its predecessors. Avoiding the direct discussion of medical politics, and professing to be entirely devoted to the objects of science, it is, notwithstanding, regarded in Dublin, as the organ of a medico-political party in Ireland. The editorship is a joint concern, in which the School of Physic, the College of Surgeons, the Apothecaries' Hall, and the Park-street School, are severally represented by one or more of their professors, and the partizanship of the journal is considered to be developed in the circumstance, that these gentlemen regard it as a duty as sacred as the preservation of any set of principles, to keep *themselves* before the public as the only scientific men in the country, thus attempting to give an indirect and undue importance to their individual opinions in matters of practice and medical policy. They are charged, also, with passing over or condemning the works of all those who are not of their own party, and with extolling their own productions without regard to their real deserts. Such a work as this becomes little else than a periodical advertisement of its conductors.

We select a review from this journal, as a specimen of the inappropriate panegyrics which it bestows. The article is contained in the January number of the journal, and purports to be a review of a *brochure* lately published in Dublin, entitled a "Catalogue of the Preparations in the Museum of the Royal College of Surgeons in Ireland. By JOHN HOUSTON," &c. The eulogium is signed with the letters "W. S.," probably intended to indicate that a Dr. W. Stokes, a lecturer on the practice of physic in Dublin, is the author of the production.

In reviewing the catalogue under consideration, something more than the usual questions relative to the merits of the work, had to be discussed. A notice of such a volume necessarily, as its title indicates, involves a consideration of the manner in which the compiler, the paid functionary of a public body, has discharged his official duties. The curator of a museum may prepare a very good catalogue of its contents, but yet may occupy ten or twenty years in the task, during all which time public convenience may be sacrificed to indolence or selfish purposes, and, at the same time, it may cost the society for which it is written an excessive sum of money. The curator may have numerous preparations neatly arranged on the shelves, at the very moment that many and more valuable ones have been thrown aside by him in a lumber room, or are existing in such confusion as to be useless for the purposes of instruction. He may enjoy the reputation of having prepared with his own hands, and marked with his initials, a multitude of preparations which have been created by the unknown and unrequited industry of others; and, lastly, he may have received every farthing of the emoluments of his office, while, instead of working in his laboratory, or attending on searchers after knowledge in the museum, he is fulfilling the various and incompatible "pluralities" of a demonstrator, an hospital surgeon, a dispensary assistant, a surgeon in general practice, a "grinder" of apprentices abroad, and master of several at home. Upon all these points had a just reviewer in the performance of his duty to decide; for with each and all of them are both the book and its author intimately connected, as we will here show in fulfilling that obligation which the Dublin journalist has omitted.

In the year 1824, Mr. Shekelton, the predecessor of Mr. Houston, died; and some short time after, Mr. Houston was appointed to the curatorship of the Dublin College of Surgeons, at a salary, if we recollect rightly, of £50 per annum, but with gratuities averaging annually, in addition, a larger sum. For about ten years the museum of the College was without the accommodation of a printed catalogue; and now that one is published which professes to describe even but one department of the museum (the anatomical), its preparation has cost the College about £1200. Yet the wonder is that it has been done so cheaply, for the time of the curator is abundantly employed on other objects and in other directions. Besides being curator, he is named one of the demonstrators in the College school; he holds the office of surgeon to the Baggot Hospital; he is one of the attendants of a dispensary in some other part of the town; he keeps a school of tuition at home; he has an out-door practice in the city, and apprentices to attend to besides! No one could expect that each of these multifarious occupations could be adequately fulfilled. Which of them, then, suffers? The public duty, of course. Mr. Houston is rarely to be seen in the museum by visitors; many of the preparations which pass under his name are made up by proxy; he leaves a whole pathological collection in the College in such a state as to be perfectly uninterpretable, and many other valuable materials for a collection, to rot in a lumber room, and although all this is well known to the members of the College, they regard not with indifference, but seemingly with approbation, the pernicious system under which such abuses are committed. And what says the Dublin journalist in reprobation of these notorious facts? His voice is all for praise:

"We rejoice," he exclaims, "to have received this *important work*, which, professing as it does to describe the anatomical preparations in the noble museum of the Royal College of Surgeons in Ireland, demands a *peculiar* notice."

After ten years labour,—a bantling of

150 pages! "Important" accouchment! Appropriate raptures!

"By the formation of this catalogue," he proceeds, "the value of the collection is *prodigiously* increased, for this is not a mere list of names, or even a bare descriptive catalogue, but *combines* the principles of a *physiological* arrangement. It leads the mind of the student to *general views*, and shows him that anatomy is *one science*, as wonderful in the lowest animal as in man, and its own illustrator."

This is quite the language of a child in science:—

"Comparative anatomy," he adds, "is becoming a favourite subject in Dublin. The lectures of Professors Jacob and Harrison in the theatre of the College, and of Dr. Hart in the Park Street School of Medicine, and the labours of the author of this catalogue, show, that the seed has not fallen on unfertile ground, but that it has already produced an *abundant* harvest."

If the harvest be abundant, there needs no more of it. But three teachers and a curator are in fact a poor harvest. Where, in this estimate of the Dublin crop, however, is the name of that man who was certainly one of the first, if not the very first, to teach this subject in the Irish capital? Is not Dr. Macartney of the journal party? And how sink the names of *those others*, when placed beside that comparative anatomist! But Macartney is not of the clique. He can, however, afford to smile at the omission, and it may amuse him to see his quondam assistant placed above him.

Some of the causes for praise in the catalogue are ludicrous enough:—

"In the execution," remarks the reviewer, "of this extensive and *laborious* work, Dr. Houston had a difficulty *in limine* to contend with, namely, the adaptation of a catalogue, so that it could be indefinitely extended, to meet the continual increase of preparations. In this object he has fully succeeded."

Why, in what did the *in-limine* difficulty consist, if not in simply lettering the preparations, and leaving blank spaces on the shelves for the reception of those which might be afterwards added? A butler or a house-keeper in the china-closet of a half-furnished house, could do no less with the crockery, nor with any less degree of ingenuity.

We shall notice, in conclusion, one or two points in the production of Dr. Houston to show the spirit of its execution. In an "Introduction" to his pamphlet, he says, "In furtherance of a recent regulation of the Irish College of Surgeons, by which the library and museum have been opened to students in medicine, instructions have been issued," that a catalogue of the museum should be forthwith printed, "to render the collection more completely available for the purposes of instruction." Any person unacquainted with the by-laws of the College, in reading this announcement, would suppose that the College had really thrown open its library and museum to the medical students of Dublin. But what is the fact? Why, that the library and museum are open only to the apprentices of the members of the College,—a class of students who do not amount to one-tenth of the number of those who are at present engaged in learning the various branches of medical science in Dublin! So that this hollow vaunt of liberality on the part of the College relates to a measure which excludes nine-tenths of the medical pupils of Dublin; and, understood in its proper sense, is but a *bonus* held out for the encouragement and perpetuation of the delusive apprenticeship system. So much for the profession of "making the museum more completely available *for instruction*." The "Introduction" further informs us, that "The arrangement of the anatomical department being already perfected, whilst that of the preparations in pathology yet remains unfinished, owing to the want of accommodation for the numerous specimens lately added, a necessity has arisen for dividing the catalogue into two volumes—the first, the present one, to contain a description of the preparations illustrating the structure of animal bodies in their normal state;—the second, to embrace a description of the same structures when altered by disease, and to be printed as soon as the contemplated extension of the museum shall have been so far perfected as to allow of the completion of the arrangement." The "necessity" of dividing the catalogue into two volumes is, no doubt, a happy one for the curator who received so large a sum previous to the production of the first. We suspect, however, that *two* necessities exist in this case,—the second of them arising out of the confusion into which the pathological preparations have been suffered to fall, and inability to restore and describe them in a proper manner.

LETTER FROM MR. SYME.

To the Editor of THE LANCET.

SIR,—Your correspondent Mr. Cowan, who attributes unprofessional conduct to me for having, in obedience to a remit from the sheriff, reported my opinion that his account for attendance in a case of fractured thigh should be reduced (viz. 4*l.* 17*s.* to 2*l.* 2*s.*), has omitted to mention, 1st. That when I was asked to see the patient, it had not been ascertained whether or not the bone was broken, though a week had elapsed since the receipt of the injury. 2nd. That the necessary apparatus was applied, and the treatment afterwards conducted, by my assistant Mr. Peddie. 3rd. That the straitened circumstances of the family made me decline any remuneration.

Trusting that you will not refuse an early place in your journal to these additional particulars of this *important** case, I am, Sir, your obedient servant,

JAMES SYME.

2, Forres-street, Edinburgh, Jan. 15, 1835.

MARYLEBONE INFIRMARY. — LETTER FROM DR. MARSHALL HALL.

To the Editor of THE LANCET.

SIR,—I purposely avoided reading the anonymous letters which have recently appeared in your pages, relative to the appointment of a physician to the *Marylebone Infirmary*. I considered that affair as terminated, as far as I was concerned, for ever. A friend has, however, induced me to relinquish my original purpose, and briefly to reply to the latter of those letters.

Your correspondent asks whether I *threatened* in my canvass, that if not then elected, I would never stand again. I answer—No! He next asks, whether I urged as another argument upon electors who are understood to wish for *permanent* officers, that I meant to resign after three years of office. I answer, If I did do so, *knowingly*, I acted in a manner equally guileless and unwise. But, in fact, I knew nothing of what the writer says was "understood." What I did say was, however, printed, and I am proud to reproduce the paragraph here:—"In repeating my assurances of the utmost diligence in the discharge of the duties of my office, should I be the object of your choice, I beg to add that my design would be to devote three or four years to the most assiduous and unremitted attention to those duties; and then to resign my office, so that another might, in his turn, become a reaper of the benefits which your institution is calculated to confer."

Your correspondent next asks, whether I further attempted to steal a march upon my competitors, by setting afloat a plan by which I must have gained a footing in the Infirmary without a majority of votes, viz., a scheme by which three physicians were to be immediately elected, instead of one successor to Dr. Hope (viz. two intern and one extern or assistant), which plan, as there were but three candidates, would, if successful, have enabled one to slip in without a contest; and whether I did manœuvre so well as to procure the consent of several of my supporters to my plan, at a second, for myself, unsuccessful discussion, at which it was again rejected, and within four or five days only of the final ballot. To all this I answer indignantly, No. I did not—jot or tittle—directly or indirectly!

I appeal to two highly respectable members of our profession, Mr. Cox and Mr. Mollison, for the truth of what I say. One or the other of these gentlemen was with me during my canvass, heard every word which I uttered, and witnessed every "plan" and "scheme" which I invented.

I would, finally, observe, that I do not think the office in question could be filled better than by the gentleman who has obtained it, or than by the second candidate on the list, who, I trust, will obtain it on the occurrence of the next vacancy. Still I must be permitted to say, that I think I ought to have had the appointment,* from various considerations, and especially as I, alone, had been a candidate before.

I am, Sir, your obedient servant,

MARSHALL HALL.

14, Manchester-square, Jan. 17, 1835.

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* Mr. Syme, in placing this word in italics, seems to have forgotten that until a charge of unjust and unprofessional conduct is proved to be ill-founded, it is always *important*, and that it is the bounden duty of journalists to afford every opportunity for the correction of the impropriety, or a denial of its existence.—ED. L.

* What! As a "reaper of benefits?" Upon what extraordinary grounds do the candidates for public medical offices, in which the *due care of the sick poor* is the object of the appointment, generally rest their claims!—ED. L.

HOTEL DIEU.

TRACHEOTOMY.

The two following cases of tracheotomy which lately occurred at the above hospital are worthy of notice:—

Case 1.—*In the adult, in œdema and ulceration of the glottis. Death during the operation.* A man, 52 years of age, tall and well built, not presenting any of the rational signs of phthisis, was received into the Hotel Dieu, under the care of M. Trousseau, in November last. He complains that for thirteen months back his voice has been gradually altering, and within six weeks in particular he has become almost dumb; his respiration is now difficult; the inspirations are laborious and hissing; expiration requires the aid of the diaphragm; constant orthopnœa soon came on, and deglutition is so difficult that the patient can with great pain only swallow a few drops of broth. When the finger is carried to the superior aperture of the larynx, an enormous swelling of the part is perceived; externally, pressure over the region of the os hyoides gives pain; neither percussion nor the stethoscope indicates any disease of the lungs.

As the man had been affected with syphilis (the time elapsed is not stated), a mercurial treatment was ordered, and seemed to give some relief; but the accident soon returned with increased force, and nothing remained but to perform the operation of tracheotomy.

The patient himself anxiously demanded the use of any means that would give him breath, and sat down courageously, but the first stroke of the bistoury had barely divided the skin when he fainted, and had some convulsive movements; he recovered after a few minutes; the operation was now resumed, he fainted again, and was again convulsed; respiration seemed to be suspended; the patient was immediately carried to bed, and the trachea opened; the syncope persists; the blood from the divided thyroid veins flowed into the air passages without exciting any expiratory effort; the man was dead. On examination after death the epiglottis was found extremely tumefied; the edges of the glottis were the seat of numerous deep ulcers, and of a hard œdematous tumefaction; there was scarcely any overture at the glottis, and even the inferior portion of the pharynx and upper part of the œsophagus were diminished by the swelling; a few disseminated tubercles in a hard state were found in the lungs.

Case 2.—*In an infant, for croup. Cure.*—The following presents a happy contrast to the above unfortunate event. An infant, three years of age, was apparently affected with a cold for ten days, when he began to complain of a pain in the throat, and two days afterwards exhibited all the symptoms of croup. The difficulty of breathing was becoming hourly worse; but all the accidents were for a time dissipated, on the expulsion of a false membrane. On the following morning the bad symptoms reappeared with increased energy; and twenty-four hours afterwards the child was brought to the Hotel Dieu to be operated on by M. Trousseau. On examination of the mouth, the pharynx and amygdalæ were seen lined with large diphtheretic concretions; the respiration, though neither very frequent nor sonorous, was carried on with efforts; it was dry and tubular; the rale ronflant and bruit de soussape were heard in the lungs; the state of asphyxia was becoming more severe every minute. The operation was determined on at once by M. Trousseau. When the trachea was opened, the child's respiration was not relieved in any remarkable manner, a circumstance doubtless depending on the catarrhal affection of the air-tubes. Several fragments of false membrane were now extracted from the superior and inferior angles of the wound. A portion of sponge, fixed on the top of a whale-bone rod, was passed down as far as the first ramifications of the bronchia, after having been moistened in a solution containing 18 grs. of nitrate of silver to the ounce. Pure water was frequently dropped into the trachea; and the use of the sponge &c. repeatedly had recourse to, in order to favour the expulsion of the mucosities and false membranes. After the lapse of two days, the child ceased to expel any false membrane, his respiration became easy, and his general state satisfactory. The same treatment was continued for eight days, when the canula was removed, as the infant began to breathe from his larynx: the wound soon closed up, and the little patient is now perfectly well.—*Gaz. des Hospit., Jan. 17th.*

ST. THOMAS'S HOSPITAL.

DOSES OF MEDICINES.—DR. ROOTS AND DR. JOHNSON.

At the conclusion of a Clinical Lecture delivered by Dr. Roots at this hospital, on Tuesday, Jan. the 20th, on some cases of ague, in which the propriety of attending to local congestions and obstructions before administering specifics in that complaint was exemplified, the lecturer proceeded to

call the attention of the class to an article contained in the last number of the *Medico-Chirurgical Review*, page 244, relating to a case of intermittent neuralgia, which had been successfully treated by Dr. Roots. After reading a passage in the journal which contained a critique on the practice adopted, Dr. Roots made the following remarks:—"To any one who is unacquainted with the Editor of the *Review*, Dr. Johnson, the remarks made in the article might appear to be made in a sarcastic vein, but I, who happen to know the kindness of his heart, and the extreme simplicity of his mind, have no doubt of the goodness of his intentions in those comments. I am anxious, therefore, to remove any misunderstanding which may have arisen in consequence of the ambiguous terms in which the critic has expressed himself. In fact, I consider some reply to his remarks to be due to myself and to you as pupils of this hospital. With respect to the observation made on those who have been educated at *St. Thomas's Hospital*, I regard it as a compliment, for it implies that we are "nullius addictus jurare in verba magistri,"—not guided by routine practice. I have always endenvoured to inculcate, that to give medicines with advantage our object should be to produce their full effect. If a patient applies to you with constipation, and you give him five or ten grains of colocynth ineffectually, would you not either increase the dose or alter the medicine? Would it not be absurd to persevere with the first dose? Adapt your means to the end desired. On this plan I acted in the case in question. I did not begin with a scruple dose, but increased it to a scruple from a small dose. The extraordinary cerebral symptoms described by Dr. JOHNSON were not present in the cases we have treated. Observe then that it is not my recommendation to begin with large doses, but finding quinine to be the best remedy for periodical diseases, I begin with a small dose, and watch carefully the effect, regulating or increasing the dose accordingly. I have never seen ill effects result from large doses of quinine thus employed.

"Respecting the ferri carbonas, Dr. JOHNSON states his opinion that 3j would have produced advantages equal to the 3viij. I wish to convince you that this is a mistake, for if what he states were the fact, I have been doubly remiss,—first, in wasting the funds of the hospital, and, secondly, in medicinally over-loading the stomach of the patient. Having drawn my experience from three of the largest Institutions in London, in which I never see less than eleven thousand patients annually, I am bold to say that those charges cannot be justly brought against me. You may, certainly, in some disorders, derive as much advantage from small doses as from large ones of that medicine; but in certain diseases, those in the class *neuroses*, this result is not to be obtained. Chorea has always been cured in this hospital, and by beginning with 3j of the carbonate, given every three hours, and gradually increasing the dose to 3vij or 3j, given every four hours, I have certainly and constantly derived advantage commensurate with the increase of the dose. A girl, ætat. 17 years, received a sudden fright while walking in the street, from being amorously accosted by an old man; from that moment she became the subject of chorea, presenting one of the most severe cases I ever witnessed. She had been six weeks in *Guy's Hospital* before she came into *St. Thomas's*. A gentleman seeing me prescribe *Ferri Carb.* 3ij, 6tis horis, observed, "Oh, that has already been given, 3ij bis die." I said, depend upon it she shall take nothing else. Finding, however, that the symptoms did not alter, I increased the dose. I was certain the iron was not in fault, and 3vj doses were taken with complete success.

"I agree with Dr. Johnson, that some patients would not bear a grain of quina in twenty-four hours. With respect to Messrs. Bonhommie, Quin, and Hahnemann, a thousand such opinions as theirs would not have with me the value of a rush. But if *I* deserve laurels for *heroic* treatment, Dr. Johnson has earned them long ago. In his work on the Diseases of Tropical Climates, with which you all are or ought to be well acquainted, he mentions his own case of dysentery. He was given to understand, by his medical friends, that ptyalism was necessary to his salvation. He had taken calomel in six-grain doses without effect, so he called for 3j; but the symptoms still continuing urgent, he *heroically* called for another scruple. His bowels, in consequence, soon after became relieved, and his gums tender. He it is who has given 80 grains of calomel (as much as I have given of quina) in twenty-four hours, afterwards adopting 3j doses: nor has he seen reason to retract that practice, but still gives grs. v or vj of calomel; and, if that fail, 3j, 6tis vel 8vis horis. In some cases he has, doubtless, found ill effects to arise from it; but he has never thought of altering his plan, only seeking to obviate what was injurious by the addition of opium. In his review of Annesley's work, also, he has expressed his approval of such a system of treatment.

"However painful the discussion of this subject has been to me, I have thought it my duty thus to advert to it."